

**THE ROLE OF PARENTAL EMOTIONAL SUPPORT IN THE
DEVELOPMENT OF ADOLESCENTS' DEVIANT IDENTITY**

A Dissertation

by

EVELYN JANETH ESPINOZA SANDOVAL

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2010

Major Subject: Sociology

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Approved by:

Chair of Committee,	Howard B. Kaplan
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ABSTRACT

The Role of Parental Emotional Support in the
Development of Adolescents' Deviant Identity. (May 2010)

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A specific number sociological theories and empirical studies suggest that deviant identity is the result of being formally or informally sanctioned by social audiences. The process by which individuals develop a deviant identity has been well documented by the literature. Most of this literature has linked the development of a deviant identity to the performance of deviant behavior. There is less evidence documenting the maleficent effects of bearing personal deviant characteristics such as stigmatizing health conditions, and/or being an involuntary member of a group socially defined as deviant (e.g. being the child of an alcoholic parent) in the development of a deviant identity. It is also noteworthy that, although parenting has been the focus of hundreds of studies examining deviant behavior and its consequences for individuals and their families, researchers rarely have been concerned with the effects of parenting in the development of a deviant self-concept.

This dissertation examines the effects of parental emotional support on the development of a deviant identity by using a longitudinal data set that incorporates information of adolescents aged 12-19 who report their race, gender, level of self-esteem, parental relations, parental deviant behavior/characteristics, and peers and teacher stigmatization. Various models were estimated to test whether the relationship between deviance and deviant identity was significant, the mediating effects of stigmatization by peers and by teachers, and the moderating effect of both maternal and paternal emotional support on the development of a deviant identity.

The results indicate that both maternal and paternal emotional support moderated the effect of maternal deviance but not the effect of paternal deviance. In the case of personal deviance, however, maternal deviance tended to increase as opposed to decrease deviant identity. Paternal emotional support did not moderate the effect of health limitations but it did diminish the effect of contact with the police. These findings were independent of the effects of gender, race, socioeconomic status, age, family structure, and earlier deviant identity. The implications and significance of these findings are discussed.

DEDICATION

This research is dedicated to the loving memory of my father.

ACKNOWLEDGEMENTS

Writing a dissertation is not an easy task and can never be accomplished without the help and support of several people. That being said, I would like to begin by thanking my committee chair, Dr. Howard Kaplan, who allowed me to use his data, and who with lots of patience guided me throughout the course of this research, encouraging me to always think out of the box. I would also like to acknowledge the guidance and support I received from Dr. Holly Foster, who provided thoughtful suggestions to improve my dissertation, and who was always available to meet with me, and to answer my interminable questions regarding the analysis and interpretation of my data. Of course, I am responsible for all remaining errors and omissions in this research. I thank Dr. Alex McIntosh who graciously accepted the invitation to join my committee, after Dr. Hart Blanton, who was initially serving as the outside member, left Texas A&M.

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CHAPTER I

INTRODUCTION

This research is aimed at understanding the effects of parental emotional support on the development of a deviant identity. Identity refers primarily to the way individuals think of themselves (Adler and Adler 2007). According to Clarke (2000) the identity development process begins with the infant's discovery of self, continues throughout childhood, and becomes the focus of adolescence, which is a time of exploration and discovery during which individuals attempt to further develop their own identities, and to experience themselves as distinct and independent individuals (Cooper, Grotevant, and Condon 1983).

Although there are a variety of social psychological theories focused on the process of identity construction, all of them concur that individuals build their identity mainly as a result of how others act and respond toward them (Cooley 1922; Gekas and Burke 1995; Goffman 1963; Kaplan 1986; Rubington and Weinberg 1987). This idea that people tend to think of themselves based on the reactions they perceive from others during social interaction is best known as 'reflected appraisal process'. This process is based on three elements, namely, i) others' appraisal of the person, or how others evaluate the individual's behavior/characteristics; ii) the individual's self-appraisal, that is, how the individual evaluates him or herself according to normative standards; and iii) self-

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reflected appraisals, that is, the individual's awareness or perception of others' evaluation (Jaret, Reitzes, and Shapkina 2005:404).

According to some of the research focused on this area, reflected appraisals are related to and consistent with self-appraisals (Felson 1989). This correspondence, according to Felson (1993), may be due to the fact that both the individual and his or her social group share normative standards or that the person may project his or her own appraisal onto others. Moreover, it has been shown that it is the perceived reactions of others rather than their actual reactions that most affects identity formation (Felson and Reed 1986; Marsh, Barnes and Hocevar 1985; Matsueda, 1992), and subsequent self-esteem (Gekas and Burke 1995; Kaplan 1986; Milkie 1999).

Hence, as a result of their perception of how others conceive them, individuals develop a self-concept that may or may not be in accordance with how they previously conceptualized themselves or with what they perceive as normative in their social group. According to Burke (2004) individuals engage in self-verification processes in order to confirm/disconfirm their identities, which serve the purpose of creating positive self-esteem. The same author indicates that when identities are disconfirmed by the social audience adjustments are made in order to reduce the feelings of distress experienced by the social actor.

Likewise, Kaplan (1986) indicates that people tend to evaluate themselves in terms of the social standards prevailing in their social group, and that the perception of failure to meet those standards results in the experience of self-

derogating feelings. Following the same author, when individuals perceive that they are the object of negative social sanctions by others, in response to their failure (real or imagined) to meet normative standards, an identity change from one who is considered as a conventional member of the society to one who is regarded as deviant in some fashion is expected (Kaplan 2000:109).

Similar to the construction of identity, the development of deviant identity is based on both reflected and self-reflected appraisals. According to Kaplan (2000:109) there are two types of deviant identities; i) personal deviant identity, which refers to “the person’s self-concept of engaging in deviant behaviors and possessing deviant attributes”, including experiences of social isolation and rejection; and ii) public deviant identity, which makes reference to “the image that others have of the person as one who has engaged in deviant behaviors or possesses deviant attributes”. Public deviant identity, that is, being perceived by others as deviant may affect the development of personal deviant identity.

The process by which people take on a deviant identity given to them by others, is defined by Becker (1963:25-37) as a ‘career’. This ‘career’ cannot progress without other people labeling individuals and then responding to them in such a way that eventually they come to accept the label as one of their main identities. Following the same author, the labeled individuals then begin to act in a manner that reflects this perception of them. In turn, the final acceptance of the label and adjustment of behavior will confirm to others that they were right all along. The deviant career is completed when individuals join an organized group,

because it is in this context that they confirm and accept their deviant identity, as they are surrounded by other people who are in a similar situation, and who offer them support and understanding.

Similarly, Adler and Adler (2007:242-44) suggest that the process for acquiring a deviant identity is composed of seven stages, going from being caught and publicly identified as deviant to both being ostracized from the social group and to the internalization of the deviant label. The same authors contend that sometimes the development of a deviant identity comes as a justification or social defense to the problems related to their deviant label, as people use it to take the offensive; in any case, it becomes an identity that significantly affects their behavior.

It is important to emphasize that not all of those who possess deviant characteristics and/or who belong to a group socially defined as deviant will develop a deviant identity (at least not until they get 'caught' and subsequently labeled as deviants); however, all of those who have been stigmatized and have gone through the several stages to acquire a deviant identity, will be more likely to come to think of themselves as deviant (Adler and Adler 2007; Becker 1963; Rubington and Weinberg 1987), unless they are able to justify their deviance (Kaplan 1986; Sykes and Matza 1957).

As it was mentioned earlier, reflected appraisals are a central element in the identity development process. One of the most important sources of reflected appraisals is the family. Families are the first agents of socialization with which a

child comes in contact. They provide children with a sense of belonging and a unique identity. Further, family context is considered to add to the formation of identity in general and to the development of one's identity style in particular (Adams and Jones 1983; Adams, 1985; Beyers and Goossens 2008; Grotevant 1987).

In addition, research has shown that those parents who have a history of accepting their children and positively interacting with them, facilitate the development of their children's positive identity in different social contexts more than those parents who have a history of judging and devaluing their children (Brownell and Puhl 2003). More specifically, parental support is linked to the development of current supportive social relationships, a sense of personal control, and a sense of self-worth (Shaw et al. 2004:5).

Some of the research has shown that parental support during adolescence is needed more so than other periods in life (Beyers and Goossens 2008; Mullis, Brailsford and Mullis. 2003). During this time, adolescents experience several changes in their personality, and become more aware of their social environment. Moreover, it is during adolescence that individuals begin to pay attention to the interactions with their parents, teachers, and peers, assimilate how they perceived them, and initiate the development of their own identity.

Considering empirical findings suggesting that parenting is an important factor affecting the development of adolescents' identity, it seems reasonable to argue that developing a deviant identity can also be affected by parental support,

specifically, by parental emotional support. Although many of the studies focused on deviant identity coping and development have highlighted how important parental support is; only a few of them have addressed this issue through rigorous empirical investigation.

For instance, Goffman (1963:33) has pointed out that parents will try to protect stigmatized family members from the outside environment, and thus, try to make them believe that they are normal persons. However, there will be a point when the domestic circle can no longer protect the individual; this point will vary according to social class, area of residence, and type of stigma. In any case, individuals as a result of being exposed to a heterogeneous environment, with possibly conflicting normative systems will be more likely to be judged as deviant, elicit negative reactions from others, and so develop a deviant identity. An emotionally supportive parent who can help to overcome the harmful effects of the labeling, and thus prevent their children from internalizing a stereotypical deviant self-concept could prevent this situation.

In this regard, Victor (2004) found that girls who have been subjected to derogatory labels by their peers were more likely to neutralize the effects, and reject the label, when they had an emotional bond with a mother or grandmother. Also, Werner and Johnson (2004) found that children of alcoholics tend to cope better when they received nurturance and protection from their non-alcoholic parent as opposed to those who did not receive it. Furthermore, research has shown that children who perceived more support from their parents have less

negative self-perceptions of their learning disability, a more positive self-concept, and perceived more social acceptance than those who did not feel supported by their parents (Rothman and Cosden 1995). Based on these observations it is to be expected that rigorous empirical investigations will confirm the moderating effects of parental emotional support in the development of adolescents' deviant identity.

RELEVANCE OF THE PRESENT STUDY

Numerous studies and sociological theories have observed that when individuals possess a deviant identity they are more likely to engage in non-normative behavior (Adler and Adler 2007; Becker 1963; Kaplan 1986; 2000; Kaplan and Lin 2000; 2005). However, this large body of literature addressing the development of a deviant identity focuses primarily on the relationship between deviant behavior and deviant identity. This study extends research in this area by shedding light on the relationship between personal deviant characteristics (e.g. bearing a stigmatizing health condition) and deviant identity. In addition, it examines the association between involuntary membership in a group socially defined as deviant (e.g. being the child of an alcoholic parent), and deviant identity.

Moreover, this study seeks to broaden the current literature assessing this matter by testing both the moderating effects of parental emotional support in the development of a deviant identity, and the mediating effects of stigmatization on the relationship between deviance and deviant identity. These relations are examined in the context of theoretical models that are specific to those individuals

who possess personal characteristics socially defined as deviant, and/or who are involuntary members of a stigmatized group.

In short, this research addresses the conditions under which possessing deviant characteristics and/or being an involuntary member of a stigmatized group lead to the development of a deviant identity. In addition, this study considers whether parental emotional support varies according to the type of deviance possessed by their children, that is, whether some stigmatizing characteristics tend to elicit more parental emotional support than others.

Following the antecedents and significance of the study (Chapter I) I consider in turn the major theoretical frameworks addressing the development of deviant identity (Chapter II), the most relevant literature addressing the relationship between deviance and deviant identity (Chapter III), data collection and analytic strategies (Chapter IV), and major findings from this study (Chapter V). Finally, Chapter VI presents a discussion of the implications and limitations of the results.

CHAPTER II

THEORETICAL FRAMEWORK

The purpose of this chapter is to examine theoretical perspectives that are relevant to the understanding of both the construction of deviance, and the processes by which deviant identities are developed, maintained, and/or overcome. The first section contains a general definition of the concepts of deviance and stigma. In the second section, the theoretical foundations outlined by both, the labeling theory and the theory of self-referent behaviors are examined in order to understand the process of developing a deviant identity. Additional sections include some of the relevant literature that provides support for both approaches, and an assessment of the weaknesses and strength of both theoretical perspectives. The final section provides the rationale for selecting the theory of self-referent behaviors as a general framework for this research.

CONSTRUCTION OF DEVIANCE: THE ROLE OF SOCIAL AUDIENCES

Deviance is a socially constructed concept. It has been defined as “the product of a transaction that takes place between a social group and a person who is viewed by that group as a rule breaker” (Becker 1963:10). Hence, deviance exists because social groups react in a condemnatory, punitive or simply disapproving manner to any individual’s behavior(s) and/or characteristic(s) that are in violation of the social standards prevailing in those groups (Clinard and Meier 1998:7).

Stigma, on the other hand, has been defined as a sign or a mark that designates the bearer as “spoiled” and therefore as valued less than “normal” people (Goffman 1963). It is important to point out that there are some differences and similarities between deviance and stigma. For instance, both concepts are socially constructed. Also, both, deviant and stigmatized individuals are perceived to represent a departure from normative standards. However, stigma involves perceptions of deviance that extends to a more general attribution about character and identity. Stigmatized individuals are not considered to be legitimate participants, but instead are considered deviants; alternatively, deviant individuals will be stigmatized only when their deviance is associated with a negative attribute that “discredits the bearer” (Dovidio, Major, and Crocker 2000). This dissertation is focused on this type of deviance, that is, on deviance that elicits negative reactions from others, and is thus, stigmatizing.

Because deviance and stigma are socially constructed, it is important to point out that not all of those who deviate from societal norms or who possess stigmatized attributes will be labeled as deviants. In this regard, Goffman (1963) emphasizes the importance of various factors that may play a role in determining whether stigmatized individuals will elicit negative social sanctions. These factors are as follows: i) the visibility of the deviant attribute(s): that is, deviant characteristics that are visible convey information about the individual’s social identity at all times through his/her daily interactions. Thus, for instance ex-convicts may be able to conceal their deviant past, but physically disabled people

may be more easily seen and perceived by others as deviants; ii) the social context where the social actors are immersed in: that is, any specific deviant characteristic may be regarded as deviant in place A, whereas may be regarded as normal in place B. For instance, polygamy is seen as deviant in countries like the U.S. but it is encouraged and practiced in Islamic societies; iii) whether the deviant characteristic or behavior disrupts social interaction, for example, in order to talk to a deaf person, one has to use sign language or written words, and; iv) the decoding capacity of the audience, that is how competent are people around to become aware of the individual's deviant behavior or characteristic.

The type of deviance possessed by a person will affect the type of sanctions that he/she will get from others. For instance, undesirable physical characteristics such as obesity tend to attract stigma not only from the deviant's peers but also from his/her family members (Brownell and Puhl 2003). Physical disability, on the other hand, might elicit negative reactions from others, but emotional support from family members (Low 1996).

MODES OF ADAPTATION TO DEVIANCE

A central issue in the study of deviance is how those who bear stigmatizing characteristics come to deal with them. Among the coping strategies that individuals employ, are i) concealing, ii) disclosing, and iii) group collective effort.

According to Goffman (1963), the majority of those who possess deviant characteristics that are not visible to others (i.e. ex-convicts, ex-mental patients)

may avoid being stigmatized by concealing their deviance. Specifically, these individuals may engage in conveying normality in their everyday activities by avoiding contacts with stigmatized symbols or by using “disidentifiers” such as verbal expressions, or behaviors, that distract people into thinking that they are not deviants. Also, they may have others helping them to “cover” their deviance, for instance, family members or friends may make stories designed to hide their deviance (Adler and Adler 2007: 247-48).

Disclosing, on the other hand, is an adaptation mostly used for therapeutic or preventive reasons. According to Adler and Adler (2007: 248) disclosure can lead either to i) deviance disavowal or ii) deviance avowal. The former occurs when the deviant person attempts to sustain a definition of him/herself as a normal individual, denying responsibility for his/her deviance (Davis 1961). This can be illustrated by the case of men, who in order to justify their violence toward their spouses and children, argue that they were drunk, which gives them an excuse for their misbehavior. Deviance avowal, on the other hand, arises when deviant people openly acknowledge their stigma but try to present themselves in a positive light. For instance alcoholics who have their drinking under control acknowledge there are alcoholics but stress that they no longer are drunks (Pfuhl and Henry 1993:202). Both deviance avowal and disavowal are aimed to normalize the relationship between deviants and non-deviants.

Finally, individuals can manage their stigma through a group or collective effort. Becker (1963), for instance, emphasizes the importance of membership in an

organized group because it promotes the learning of deviant motives and interest. According to Adler and Adler (2007) associations of stigmatized people vary in character. Some of them are aimed to help their members to adapt to their social stigma rather than evade it (i.e. Alcoholics Anonymous), others are intended to change others' attitudes toward their stigma (i.e. AIDS organizations), and others counsel members on how to fit in with others who may not accept them nor understand them.

In summary, possessing any deviant characteristic or behaving in a way contrary to social norms may elicit negative reactions from others, specifically when such characteristics or behaviors are visible to the people, disrupt the normality of social interaction, and when people around are capable of identifying the deviant and labeling him/her as such. This begins the process of stigmatization, which may lead to self-devaluation, and thus to the development of a deviant identity. The evolution of a deviant identity, in turn, stimulates coping responses.

DEVELOPMENT OF A DEVIANT IDENTITY: THEORETICAL APPROACHES

According to Kaplan (2000:109) deviant identity refers to “the individual's self-concept of engaging in deviant behaviors and possessing deviant (objectionable) attributes”. For the purposes of this research, deviant identity will be understood as reflecting two dimensions, namely, i) the individual's self-concept/self evaluation; and ii) the individual's negative mood states or negative affect. Individuals whose identities are defined as deviant are those who not only

judge themselves as having failed to reach normative standards, but also as a consequence, experience negative affect. It is the convergence of negative self-evaluation and negative self-feelings that best reflects this concept of deviant identity. This conceptualization of deviant identity is compatible with a number of theoretical approaches including labeling and self-referent perspectives.

Labeling

One of the major approaches addressing the development of deviant identity is the labeling perspective. This approach posits that the individual is a constantly changing actor who responds to others' reactions. Labeling theorists place a great deal of importance on the official labeling process. They contend that a formal response by the criminal justice system forces the individual to re-assess his or her personal identity. Similarly, those who are aware of the official label re-evaluate their opinions about the labeled individual (Brown, Finn-Aage and Geis 2004). Hence, this theoretical perspective suggests that individuals become (increasingly) deviant as a result of people placing that identity upon them and adopting the identity by exhibiting behaviors and attitudes associated with the label (Titus Reid 2006).

Specifically, according to Becker (1963:25-37) the process by which people take on an identity given to them by others could be regarded as a 'career'. The 'career' cannot progress without other people labeling individuals and then responding to them in such a way that eventually they come to accept the label as

one of their main identities. The labeled individuals then begin to act in a manner that reflects this perception of them. In turn the final acceptance of the label and adjustment of behavior will confirm to others that they were correct in their earlier judgment. The deviant career is completed when individuals labeled as such join an organized group, because in this context they confirm and accept their deviant identity, as they are surrounded by others who are in a similar situation and thus provide them support and understanding.

Lemert (1967) distinguished between primary and secondary deviation. Primary deviation refers to occasional or situational behavior that may be excused or rationalized by the actor and/or the social audience (e.g. being drunk in public). However, when such behaviors become a regular and prominent part of the actor's identity, the situation turns to a secondary deviation. This occurs when a person begins to employ his deviant behavior or a role based upon it as a means of defense, attack, or adjustment to the overt and covert problems created by the consequent societal reaction to him. The movement from primary to secondary deviation involves learning; that is, individuals moving to secondary deviance learn how to exploit their new, degraded status, by changing what they view as rewarding. Similar to Becker, Lemert believed that membership in a group that rewards deviance, promotes this learning (Wellford and Triplett 1993:10).

Similarly, Wright, Gronfein, and Owens (2000) posit that once the individual has accepted the deviant label or has been forced into operating within its terms (i.e. through involuntary institutionalization) other mechanisms can encourage the

acceptance of the label. According to the same authors, labeled deviants may receive social approval for performing the stereotyped role. They also may have certain expectations placed on them and, they unconsciously change their behavior in order to fulfill those expectations. Once the deviant self-concept has been internalized and the role taken on, the tendency to behave accordingly is increased.

Adler and Adler (2007:241) add that, “becoming a deviant does not only entail having a definition of deviance and an environment in which it can occur; it also requires that people accept the identity and make it their own”. The same authors suggest that the process for acquiring a deviant identity is composed of seven stages, namely, i) people are caught and publicly identified as deviant; their lives change in several ways, and some people start to think of them differently; ii) people will probably change their attitudes toward the labeled individual; iii) the labeled person will develop a “spoiled identity”; iv) the labeled person will be ostracized from his/her social group; v) others may welcome or include the labeled person in their deviant circles or activities; vi) others usually begin to treat differently those defined as deviant; and, vii) the labeled individual internalizes the deviant label and comes to think of him/herself differently. Figure 1 depicts the seven stages mentioned above.

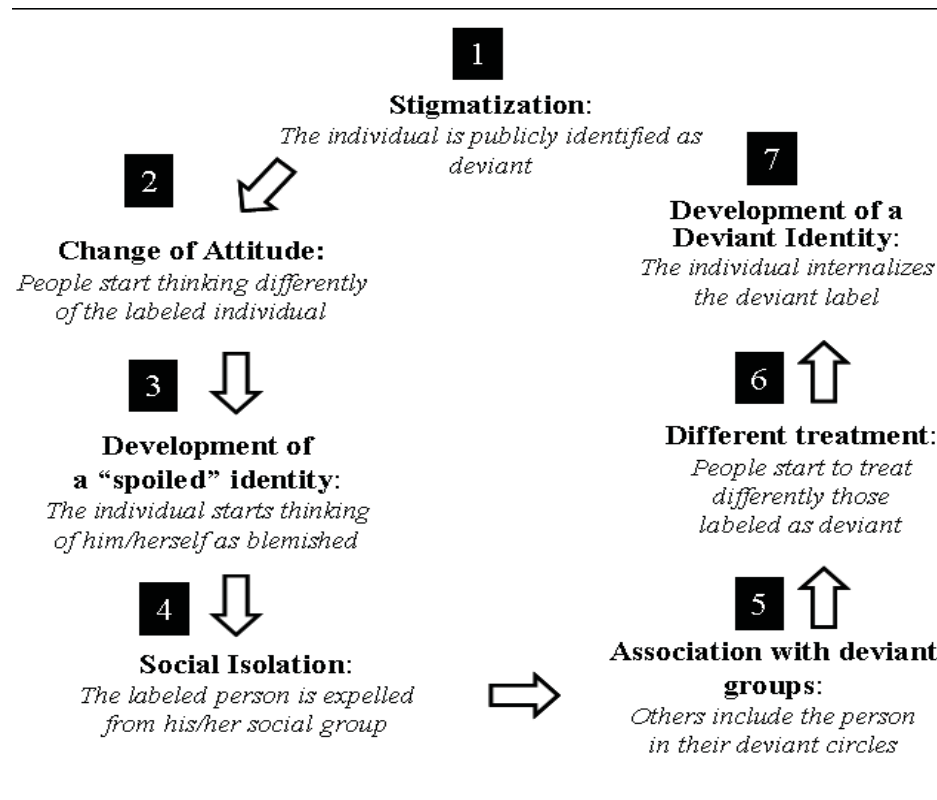


Figure 1. Labeling Approach: Process for Acquiring a Deviant Identity

According to the same authors, “sometimes the internalization of a deviant identity comes as a justification or social defense to the problems associated with their deviant label, as individuals use it to take the offensive; at any rate, it becomes an identity that significantly affects their role performance”(p.242). It is important to highlight the fact that not all of those who possess deviant characteristics and/or who belong to a group socially defined as deviant (i.e. having alcoholic parents) will develop a deviant identity (at least not until they get ‘caught’ and subsequently labeled as deviants); however, all of those who have been stigmatized and have gone through the several stages to acquire a deviant identity, will be more likely to

come to think of themselves as deviant (Adler and Adler 2007; Becker 1963; Rubington and Weinberg 1987).

Empirical Support. Several studies have provided some evidence in support of the labeling perspective. For instance, Kenney (2002) conducted a study about the labeling process to crime victims. According to his findings, pity toward a victim may translate as condescension, which results in a feeling of loss of power for the victim, who, as a result of it, may experience feelings of self-derogation. This study shows that once the victim is labeled as such, significant others may begin to isolate the victim in order to avoid feelings of guilt or for not knowing how to react. In the same manner, Matsueda (1992) showed that when youngsters are appraised or labeled as delinquent by their parents, they perceive that others see them as deviant and act upon this conception of themselves; labeling creates a delinquent self, which in turn prompts illegal conduct.

Heimer and Matsueda (1994) found that labeling by parents increases the likelihood that youths will affiliate with delinquent peers and see themselves as deviants from the standpoint of others, which ultimately increases the likelihood of future delinquent behavior. These authors pointed out that role-taking, that is, seeing themselves from the standpoint of others was highly dependent upon self-esteem, which is perpetuated by the labels applied by the parents. Tripplet (1993) also examined informal reactions in considering factors that contribute to parents labeling their children delinquent. According to her findings, being viewed as a delinquent by a parent may be far more traumatic than being so labeled by the

juvenile justice system. Consistent with these results, evidence provided by Ward and Tittle (1993), who studied the effects of informal social sanctions on the self-image and subsequent behavior of high school adolescents, suggests that informal peer sanctioning and labeling of norms violators significantly affects the likelihood that an offender will develop a deviant identity and that such identities significantly affect the likelihood of recidivism.

Qualitative studies reach similar conclusions. For instance, Degher and Hughes (2007) in their study of obesity, indicate that after their participants received active status cues (people said things about their figure) and passive status cues (their clothes no longer fit), they followed a process of recognizing that they could no longer be considered to have a normal body and, thus came to re-conceptualize themselves as fat. This new identity, according to the authors, devalued them, and placed them in the deviant area.

A study conducted by Thorne and Anderson (2007) about personal bankruptcy shows that their informants made every effort to conceal their spoiled identities, particularly from significant others. Fearing shame, these individuals avoided interactions with those who might know of their recent failings. When they were put in a position to openly face their identities as bankrupt debtors, they tried to distance themselves from stereotypical images of illegitimate bankruptcy filers, as one of their interviewees said:

...This bankruptcy was all accumulated debt out of necessity...I guess I felt better because, like I said, we

didn't go to Tahiti and we didn't drive up major credit cards. It was all debt of necessity.

This evidence seems to confirm the idea that people may reject the label and/or try to justify their deviant behavior before continuing with the process of developing a deviant identity. This is in accordance to the labeling theorists who suggest that the deviant label is more likely to “stick” when it cannot be neutralized or resisted. Also, it is important to mention here that the label of deviant, once given can be removed either by withdrawing from the social environment (and thus, avoiding negative social sanctions) or by entering rehabilitation programs (Brown, Finn-Aage and Geis 2004).

Shortcomings of the Labeling Approach. Contrary to the supportive evidence presented above, several studies have failed to substantiate the labeling hypothesis. According to Paternoster and Iovani (1989, as cited in Wellford and Tripplet 1993:8) the main reason empirical research is not supportive of the labeling approach is that scholars have failed to outline the conditions under which the labeling is effective. In this regard, it has been suggested that the individual's membership to a group may interact with the label's effect. That is, labeling people, who do not have full social membership in the society, will have little or no effect on their self-identity, because their status and group membership will not be devalued by the label placed on them by mainstream members of the society. For instance, it has been shown that although Black and lower-class individuals are more likely to be labeled (because most of their behavior has been criminalized by

those in power) they are less likely to be affected by the negative labels imposed on them (Ageton and Elliot 1974; Jensen 1980).

Another criticism of this approach is that it overemphasizes the action of society while de-emphasizing the action of the person being labeled, and pays less attention to the ways in which stigmatized individuals negotiate their identities, and to the extent that other personality characteristics (i.e. gender, ethnicity) may increase the likelihood of being stigmatized (Titus Reid 2006).

In short, studies informed by the labeling perspective provide support for the assertion that social actors who are labeled as deviant are at risk for developing a deviant self-concept. This perspective focused primarily on the social process of labeling the actor. The self-referent behaviors approach pays somewhat more attention to the effects that the social structure has on the labeling process, and at the same time, focuses on the way individuals affect the social structure, via the interrelated self-referent responses that are stimulated by, and reflect the labeling process.

Theory of Self-referent Behaviors

According to this approach the person is both a social product and a social force (Kaplan 1980). That is, as a result of his/her participation in social systems, the individual is the object of behavior by others. These behaviors, which are in part a response to the person's attributes and behaviors, affect the person's outcomes. As the individual conforms to situation-specific demands on his/her

group identities, he/she evokes complementary responses from others, thus affecting the functioning of the interpersonal or social system in which he/she participates.

This perspective is based upon the assumption of the self-esteem motive, whereby, normally a person is said to act so as to maximize the experience of positive self-attitudes, and to minimize the experience of negative ones (Kaplan 1975; 1986). This approach rests on two central hypotheses: i) *the self-defense hypothesis*, which posits that when individuals fail to conform to the normative expectations of conventional reference groups they feel rejected by those groups, their self-esteem is threatened, and they are motivated to seek acceptance through deviant associations, thus increasing their likelihood of behaving in a deviant manner; and ii) *the self-enhancement hypothesis*, which posits that as deviant individuals experience such changes in identity and improve their self-evaluations, social comparisons, and self-attributions, their self-esteem is successfully protected and heightened (Titus Reid 2006). Thus, involvement in deviant peer groups increases later self-esteem (Tittle and Paternoster 2000).

With regard to the process of acquiring a deviant identity, Kaplan (2000:110-111) supports to a certain extent the model proposed by labeling theorists. However, he goes further and suggests that whether a person who possesses deviant attributes, or who behaves in a deviant manner develops a personal deviant identity depends on a variety of factors namely:

- i) The normative standards that the person uses for self-evaluation: that is if the individual, as a result of the socialization process, has internalized standards according to which his or her behavior or attributes are deviant, he or she will think of him/herself as being deviant, and will evaluate him/herself accordingly;
- ii) The ability to rationalize the negative implications of personal behaviors or attributes; that is whether the person is able to justify his/her deviance in terms of his/her self-evaluative standards. For instance, a person with congenital deformities may argue that he/she is not to be blamed for his/her deviant features;
- iii) Others' evaluations of and consequent reactions to the person's behavior and attributes: that is the public conception of the individual as deviant motivates a stigmatizing process that affects the individual's self-concept;
- iv) The salience of others' responses for the person's self-evaluation: when stigmatizing others are regarded as either irrelevant or as a negative reference group, the individual will not be affected by their appraisals, and thus he/she is less likely to adopt the label imposed on him/her.

Thus, a stigmatized individual, that is a person who has been publicly identified as deviant, will come to think of him/herself in those terms, unless he/she is able to offer self-justifications for the traits and behaviors in question (self-protective mechanisms). Also, similar to the labeling perspective, the theory of self-referent behaviors suggests that those labeled individuals who are identified

more closely with conventional self-attitudes, are more likely to be affected by the label placed on them.

In addition, according to Kaplan (2003:469), when individuals are unable to reject the label imposed on them, in order to assuage feelings of self-derogation and distress, they will adopt the deviant identity and reevaluate it in positive terms, and thus perform behaviors that validate that identity. The rationale is that individuals need to “recuperate their identity through redefining normality and realizing that it is acceptable to be who they are” (Coleman 1986: 225 as cited in Kaplan and Fukurai 1992). A crucial factor in this process is the interaction with deviant peers, who will respond positively to the individual’s deviant features or behaviors.

Figure 2 depicts the process for acquiring a deviant identity proposed by Kaplan. This process indicates a central element for the continuation of this process, namely the rationalization of the deviance. That is whether the individual is able to justify his/her behavior or characteristic that elicited negative social sanctions. Thus, if the person is able to do that, the process will stop there and a deviant identity is less likely to be developed. In contrast, if the individual is unable to rationalize his/her deviance, he/she will follow through the process until he/she comes to internalize the negative label imposed on him/her.

It is also important to mention here that, according to Kaplan and Johnson (1991:103), the evaluation of deviant identities may be accomplished with or without the support of a deviant group. Additionally, it is important to note that in Kaplan’s model the process of acquiring a deviant identity can be interrupted. As it

was mentioned above, if social actors are prepared to justify their deviance, the process will end there. The following diagram portrays the several steps the individuals go through in the process of developing a deviant identity.

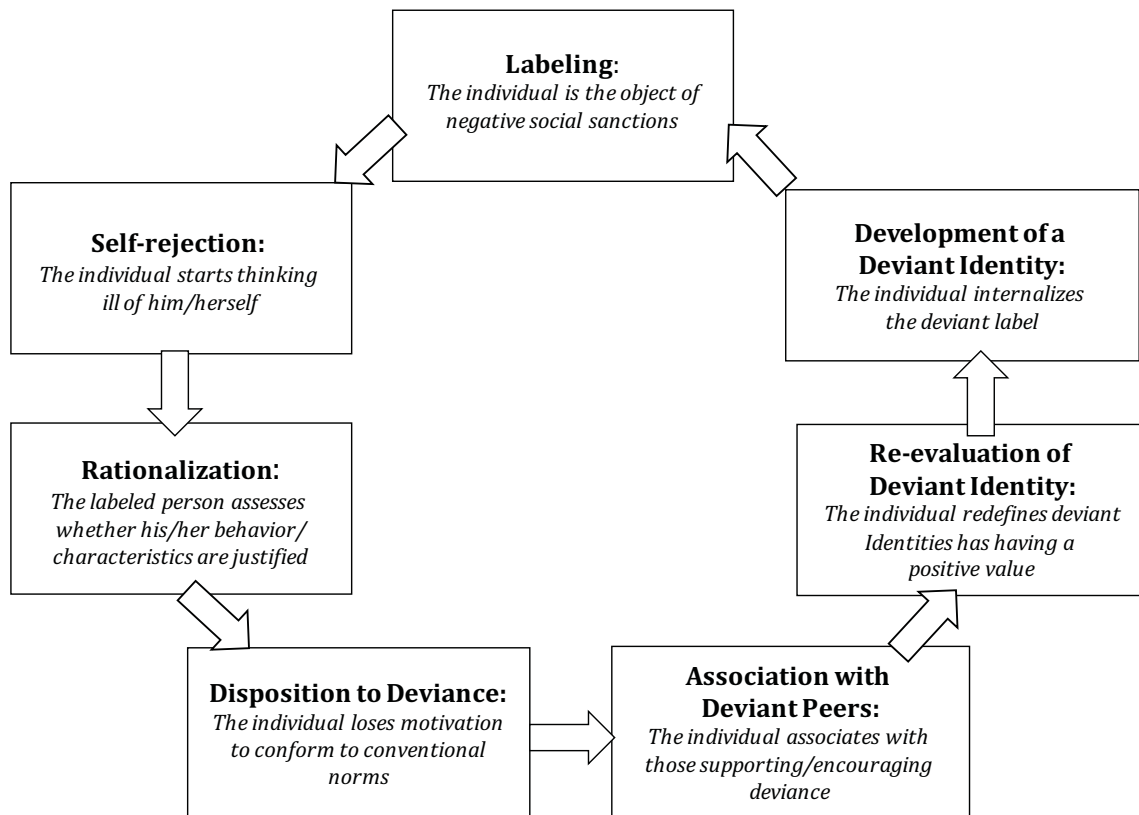


Figure 2. Theory of Self-referent Behaviors: Deviant Identity Process

Empirical Support. With regard to hypotheses relating to the onset of deviant behavior, this theoretical approach has received a great deal of support. Several studies have demonstrated that delinquents have a lower self-concept before they engaged in deviant behavior (see Kaplan 1986; 2009; for an extensive review). In terms of deviant identity, the majority of the research reports focus on i) the role

deviant identity plays in determining further deviant behavior, and ii) the modes of adaptation to deviant identities.

Kaplan and Fukurai (1992) found that adolescents who received negative social sanctions as a result of their deviant behavior (defined as drug use) experienced feelings of self-rejection which in turn affected their disposition to deviance, association with deviant peers, and later drug use. Although deviant identity was not directly measured in this study, it is assumed that it was a precursor of further drug use. Deviant identity is thus perceived as the result of being the object of negative social sanctions, experiencing self-rejecting feelings and association with deviant peers.

Kaplan and Lin (2000) found a positive relationship between negative self-feelings and deviant behavior when the subjects did not have a deviant identity, but not when they had a deviant identity. That is, they were able to confirm the hypothesis that engaging in deviant behavior as a result of experiencing feelings of self-derogation is conditional upon bonding with conventional society, that is, the absence of prior deviant identity. Consistent with this, in a further study Kaplan and Lin (2005) found that when individuals are bonded to conventional society, they will anticipate reward for normative behavior and thus will be more likely to avoid deviant behavior in response to the experience of negative self-feelings associated with a deviant identity. Their findings suggest that when individuals are alienated from society, and they do not anticipate reward for conforming to social norms,

they will not decrease deviant behavior even in the face of experiencing self-derogation in combination with a deviant identity.

Other research focused on adaptations to deviant identities (Kaplan and Liu 2000) show that individuals become disposed to participate in social movements as adaptations to stigmatized social identities. Participation in social movements, according to the authors' findings, consciously or unconsciously is intended to enhance self-attitudes and diminish the distress associated with self-attributed negative identity. Thus, by becoming an active part of a social movement, stigmatized individuals come to accept the label imposed on them, and evaluating it in positive terms, and experiencing positive self-feelings as a result of it.

Earlier, Scully and Marolla (1984) examined the various disavowal techniques used by convicted rapists. According to their findings, there were two types of self-protection mechanisms used by the rapists in their sample, i) those who acknowledged it was rape, explained themselves and their acts as a product of forces beyond their control (i.e. alcohol /drugs intoxication) that limited their capacity to act rationally and thus compelled them to rape; and ii) those who denied it was rape, blamed the victim for their wrongdoing. In both cases, these men aimed to restore feelings of self-worth, by rationalizing their stigmatized behavior.

In short, the empirical evidence is compatible with the conclusion that individuals who are able to rationalize their deviance are less likely to develop a deviant identity. Additionally, the research shows that those who have already

acquired a deviant identity may choose two coping mechanisms, conventional mechanisms such as joining social movements that help them to restore feelings of self-worth, and/or non-conventional mechanisms, such as engaging in further deviant behavior in order to assuage feeling or self-derogation, depending of any of a number of moderating conditions.

Relevance of the Theory of Self-referent Behaviors for this Study. Kaplan's theoretical approach is suitable for examining the development of deviant identities, specifically because it allows for a reciprocal relationship between the individual and the social context he/she is immersed in, while asserting that the acquisition of a deviant identity is contingent upon several factors, both internal and external.

The present research, which examines the effects of parental emotional support in the development of adolescents' deviant identity, borrows from Kaplan (2000) the idea that prior to acquiring a deviant identity, the individual experiences stigmatization, and self-rejection. However, not all of those who are stigmatized and as a result of it experienced self-rejection feelings will develop a deviant identity. Accordingly, this dissertation hypothesizes that parents, by providing emotional support to their stigmatized children, may help them to overcome the difficulties of their stigma, and in consequence lessen their likelihood of acquiring a deviant identity, a hypothesis that is informed by an extensive body of literature.

CHAPTER III

LITERATURE REVIEW

The objective of this chapter is to examine some of the relevant literature addressing the relationship between deviance and deviant identity. The first section presents some empirical research focused on the study of the effects that possessing deviant characteristics has on both the self-evaluation and self-feelings of the bearers. The second section is aimed to discuss some of the literature showing that being an involuntary member of a group regarded by others as deviant (i.e. having an alcoholic parent) may lead to self-devaluation and to experience negative emotions. The third section presents some of the most relevant studies addressing the impact of parental emotional support on the well being of deviant children. The fourth section addresses the shortcomings of the existent body of literature. To conclude, the fifth section describes the hypothetical models examined in this study that are suggested by the foregoing consideration of the relevant literature.

DEVIANT CHARACTERISTICS AND THEIR EFFECT ON THE DEVELOPMENT OF A DEVIANT IDENTITY

From among a variety of personal deviant characteristics that an individual may possess, this dissertation focuses on the study of i) health limitations, specifically, health conditions that prevent youth from socializing with others in a

normal manner; and ii) instances of misbehaving/wrongdoing, that are labeled as deviant by official authorities. This study examines if, and how, each of the above mentioned situations make individuals vulnerable to both, stigmatization by members of their social group, and to experiencing negative self-feelings (Kaplan 2007; Stangor and Crandall 2000). The following sections examine some of the relevant literature addressing the effects that bearing a chronic health condition (i.e. deafness) and/or bearing an official label of deviant, has on both, the stigmatization and self-concept of the bearers.

The Stigmatization of Chronically Ill People

According to Stangor and Crandall (2000:76) “health states are stigmatizing to the extent that they are severe and thus disruptive of normal social relations”. Kaplan (2007) adds that the basis for stigmatization resulting from having ill health lies in the violation of normative expectations (i.e. people with facial differences violate aesthetic rules). As a result of it, people bearing health limitations are expected to elicit negative reactions from others, especially when they are perceived to be severe or under personal control (Crandall and Moriarty 1995). To illustrate, in their study about children with hemiplegia, Goodman, McConachie, and Yude (1998) indicate that children suffering from this condition were more rejected and less popular, had fewer friends, and, were more often victimized by their peers at school than their normal classmates.

Cahill and Eggleston (2005) observed that wheelchair users, particularly when they are in public places, are usually perceived as “people who need assistance”. They define such a behavior as a ‘non-person treatment’. When wheelchair users are subjected to this type of treatment, they are placed in an identity that is incompatible with their virtual identity of a competent public actor. For instance, one of their interviewees complained about being ignored by personnel of commercial establishments. According to their accounts when they are in the company of a normal person, people act as if that normal person is in charge of dealing with the wheelchair users (i.e. taking food orders) and act as if they did not exist. As a result, they might temporarily or permanently submit to the role into which others have placed them.

Likewise, deaf or hard-of-hearing (HOH) children have been found to be victims of stigmatization. The most common finding is that children suffering from hearing loss tend to be teased and isolated by their peers, not only because they cannot hear but also because they have to use hearing aids. Hard of hearing children have reported that they often conceal or stop using hearing aids because they do not want to be perceived as being different by their peers (Kent 2003; Kent and Smith 2006).

Children who bear chronic illnesses such as asthma and epilepsy have been found to experience stigmatization. Donnelly and associates (1987) found that 23% of parents of asthmatic children said that their children had poor relationships with peers. According to Coughlin (1988), asthma can affect the child’s ability to take

part in sport, or any game involving effort, thus limiting his/her participation in social and recreational activities.

Similarly, with regard to epilepsy, a large survey addressing the stigmatization of this illness indicate that 40% of the surveyed adolescents were not sure if people with epilepsy were dangerous or not, and only 31% reported that they would date someone with epilepsy (Austin, Shafer, and Deering 2002). Indeed, epilepsy evokes greater negative responses than other chronic disorders such as AIDS and mental illness (Jacoby, Snape, and Baker 2005: 174).

Similarly, while some of the evidence points out that people suffering from epilepsy are concerned about social stigma, the fear of others' reactions, shame and loneliness (Fisher and colleagues 2000), other studies focusing on reports by epileptic children and adolescents have shown that the majority of them do not feel stigmatized by their disease, the majority of these children reported they kept their condition as a secret from their peers, and that they never or almost never talk about it (Westbrook et al., as cited in Jacoby 2002:812). This suggests that people may not be subjected to discrimination experiences until their disease is disclosed, that is until it becomes visible, to others.

People who have birth conditions that result in altered appearance or speech disabilities may also be prone to experience social rejection and exclusion. For instance, Strauss and his colleagues (2007), report that 35% of the surveyed adolescents, suffering from facial burns, birth marks, cleft lip, and cleft palate, among others, reported noticing people staring at their faces in the past week, and

20% reported being teased about their looks in the past month. An interesting finding in this study is that those who have an acquired condition (i.e. burns) differ significantly from those who have a congenital condition (i.e. cleft lip) in their reports about being stared at by others, but they are similar in their reports about being teased by others because of their facial differences. Those with acquired facial differences may be more self-aware or feel more vulnerable than those who were born with this condition. Children with facial differences may be more vulnerable to stigmatization than physically impaired children because peers favor the company of those with mobility limitations over those with facial differences (Harper 1995).

Another health condition that has been found to elicit negative social sanctions is albinism. Although the literature on this matter is scant, and qualitative in nature, it has been shown that both the extreme sensitivity to sunlight and the visual problems experienced by children suffering from this condition, contribute to their physical and social isolation as they are limited in the extent to which they can participate in outside games and activities (Lund and Gaigher 2002:365).

People with albinism have reported victimization from various sources including students, peers, teachers, and the medical profession (Wan 2003). Common stereotypes about individuals with albinism include that they are mentally retarded, or that they are the result of evil spirits (Westhoff 1993, as cited in Estrada-Hernandez and Harper 2007:266).

In summary, individuals suffering from chronic illnesses that prevent them from taking part in social activities in a normal way, and that violate social standards of appearance, tend to elicit negative reactions from others in the form of labeling, social isolation or discrimination, which in turn, may affect the way they conceive of themselves.

The Relationship between Health Limitations and Deviant Identity

According to Nagyova and her colleagues (as cited in Kaplan 2007:105), bearing a chronic disease may affect, in a negative manner, the way individuals think of themselves, especially because such illnesses tend to decrease their ability to perform valuable social roles. Kaplan (2007:106) suggests that the effect that bearing a chronic disease has on the bearer's self-feelings "is mediated in part by the stigmatization that often accompanies illness". That is, persons with less stigmatization associated with their health condition have higher self-esteem (Porter and Hill Beuf 1991). This section presents some of the more relevant studies addressing the not always consistent effects that bearing a stigmatized health condition such as physical disability, deafness, asthma, and epilepsy, among others, have on both, the individual's self-concept and affect.

Lawrence (1991: 140) notes that limited physical functioning children may be affected because their impairment can retard self-concept formation. Handicapped children will experience some trouble in gaining independence and removing the stigma of the handicap. These children will depend on others' views

for attainment of a positive view of self. Additional evidence also indicates that physical disability has a negative effect on the sense of self-worth, self-image (Harvey and Greenway 1984), and that girls are more affected by it than their male counterparts (King et al. 1993).

In contrast, some scholars have found no differences in global self-esteem between disabled and non-disabled children (Appleton et al. 1994; Shields et al. 2007) thus suggesting the operation of moderating factors. According to Jemta and colleagues (2008:570) the relationship between disability and self-esteem is moderated by disability vulnerability factors such as the experience of pain, and thus “mobility impairment per se does not necessarily influence self-esteem negatively”.

Additional researchers assessing the effects of deafness on self-feelings, found that deaf individuals have lower self-esteem than those with some residual hearing (Beck 1988; Brooks and Ellis 1982). Studies have also demonstrated that deaf people are significantly more depressed as a group than hearing individuals (Leigh, Robins and Welkowitz 1988; Watt and Davis 1991), and that those deaf adolescents placed in special programs tend to rate themselves as having more numerous and more frequent withdrawn behavior, somatic complaints, and anxious or depressed feelings than their deaf mainstreamed peers and hearing peers (Van Eldik 2005).

However, the results of the different studies focused on deaf and/or hard of hearing people are often inconsistent. According to Bat-Chava’s findings (1993)

stronger deaf identities, that is deaf individuals highly identified with their group, have higher self-esteem than those who are not identified with their group. The same author (2000:426) found that deaf people employ protective mechanisms such as valuing deaf attributes and devaluing hearing attributes in order to protect their self-esteem. He concludes that, "identification with one's group is an asset to one's psychological well-being".

Similar findings were provided by Mejstad and her colleagues (2008), who found that the deaf and hard of hearing (HOH) children who participated in their study, did not differ regarding self-image from the general population of children of the same age. However, the mainstreamed HOH children rated themselves on most of the scales significantly higher compared to hearing children. The authors indicate that the ability of HOH children to get along well in both the deaf and the hearing worlds positively affects their self-esteem.

With regard to gender differences, it has been found that deaf and hard-of-hearing college females i) have a higher incidence of suicide attempts compared to deaf college men, and ii) worry significantly more than their male peers (Samar et al. 2007). However, some other scholars indicate that there are no gender differences in self-reports on loneliness, depression, and boredom of deaf students (Van Eldick 2005; Watt and Davis 1991).

According to a meta-analysis conducted by Bennett (1994), children with a chronic medical problem are at slightly elevated risk of depressive symptoms but most of them are not clinically depressed. Those children with disorders such as

asthma, recurrent abdominal pain, and sickle cell anemia, may be at a greater risk of developing depressive symptoms than children with other disorders. Further research shows that children with epilepsy have poorer self-esteem, and are more likely to be depressed than their peers at school (Austin et al. 2004; Hoare and Mann 1994). However, attitude toward the disability may moderate this effect. Some of the evidence indicates, for example, that those children who hold a positive attitude toward their disease have a stronger self-concept than those who have negative attitudes toward having epilepsy (Funderburk, McCormick, and Austin 2007).

Children with facial differences also have been found to have a poor self-concept. For instance, in their study Broder and Strauss (1989) show that children with visible facial differences with cleft lip and palate had a poorer self-concept compared to those children with no physical defects. In addition, Thompson and Kent (2001) found high levels of depression and anxiety among those with facial disfigurement. Similarly, Topolski and colleagues (2005) found that youth with facial differences are less satisfied with their lives compared to those who did not have chronic conditions.

Additionally, Leonard and his colleagues (1991) who initially found that 98% of their sampled children had average or above average self-concepts, later discovered that there were some gender variations and age variations within the group; adolescent girls experienced a more negative self-concept in comparison to younger girls, and male adolescents experienced a more positive self-concept than

younger boys. The authors hypothesized that those with positive self-images were able to perceive their disability in a benign way. Similar research has also found that females tend to be more affected by their facial differences than males (Strauss et al. 2007).

Although some scholars hold similar assumptions for people with albinism, survey studies show that there are no statistical differences between these individuals and those in the control groups (Gavron, Katz, and Galatzer 1995; Gold 2002). However, gender differences do exist within the group. Specifically, the evidence suggests that boys with albinism have a poorer self-concept compared to their female counterparts. They conclude that boys, in an effort to improve their self-image, may endanger their physical health by engaging in physical activities without the proper care or protection and that their failure in such activities may lead them to self-derogation. Girls, on the other hand, characterized for avoiding situations in which they may not function properly, and thus they have a balance between their own expectations and the expectations of the external world.

Official Labeling and Negative Self-Feelings

Similarly to people who suffer from a stigmatized health condition, those who have been officially labeled as deviants (i.e. suspended or expelled students) may find that they are also being treated differently as a result of their actions or the actions they are accused of doing. However, it is important to take into account that those individuals who have been arrested, suspended, and/or expelled from

school, have already been subjected to an initial negative social reaction, hence it would be expected that negative affect will follow. According to Tittle (1980) this is because the label of “delinquent” is often associated with bad character and stereotypical behavioral expectations. As a result of their being the object of negative social reactions, officially labeled individuals are more likely to perceive themselves as deviants and thus behave in a non-normative manner (Adams et al. 2003; Heimer and Matsueda 1994; Kaplan and Liu 2000).

The relationship between labeling and subsequent negative self-evaluation has been the object of study since the late thirties when Tannenbaum (1938) called society’s reaction to what they consider deviant as the “dramatization of the evil”. When norm violators are separated from their group, they are more likely to become conscious of themselves as being different than they were before being labeled as deviant, and thus, their self-concept is threatened which can in turn lead to the development of negative self-feelings.

For instance, in their study Cechaviciute and Kenny (2007) found that those young offenders, who thought that others labeled them as delinquents, were also more likely to report that people do not think of them as “good” people, that they do many bad things and that they like to associate with friends who break the law. Additionally, in his study about labeling and identity, Jensen (1980), shows that official labeling as well as self-reported delinquency are both related to delinquent self-images. Although self-reported delinquency was found to be more closely associated with such images than official labels, his data also indicate that the

impact of official labeling varied according to the extent of involvement in delinquency.

Similarly, Zhang (2003) found that those adolescents who were subjected to official punishment because of their actions were more likely to have a negative view of themselves. Earlier findings provided by Meadow and his colleagues (1981) also indicate that processed delinquent youth were more likely to evaluate themselves more negatively than non-delinquent youths.

On the other hand, a study conducted by Kolstad and colleagues (1995) indicates that offenders who did community service (which, according to the authors, seemed to be less stigmatizing than being imprisoned) reported a significant reduction in their deviant self-concept compared to those who were serving their sentences in jail. According to the authors since community service is less negatively viewed, offenders no longer perceived themselves as deviants because others did not. Also, in their study about special schools for “bad kids” Gold and Mann (1982) found that although a substantial number of administrators, teachers and students had negative opinions about the alternative programs specially designed for troublesome kids, students who were sent there by school officials, were reported to have a greater commitment to the role of student, a more positive attitude toward school and a decrease in their disruptive behavior. These results seem surprising because, as it was stated above, labeling usually activates stereotypes held both by society and by those who bear the label. In explaining their findings, the authors conclude that this achievement may be due to the

emotional intensity of these kinds of programs, which mostly resembled group therapy (identity management).

With regard to the association between official labeling and depression Capaldi's (1992) study indicates that young adolescent males who reported high levels of conduct problems were found to be at greater risk of depression between sixth grade and eighth grade. Additionally, it has been shown that adolescents who reported school suspension, juvenile court and failing a grade tended to report high levels of depression (Meyer et al. 1993).

Go and Cupertino (2001) found that around 21% of those adolescents in their sample who reported being involved in deviant behaviors such selling drugs, or using weapons, and that had been arrested at higher rates than their peers, reported more suicidal thoughts than their non delinquent peers. However, it is important to highlight that the above mentioned studies did not measure the self-esteem and/or depression symptoms of the delinquent sample before official labeling was applied, so it could not be determined whether self-derogation was an antecedent or a result of being labeled as deviant.

Despite these findings supporting the relationship between official labeling and subsequent negative affect, some of the research indicates that this relationship will hold only under certain conditions. For instance, Kaplan (1975) argues that when adolescents are able to evaluate themselves according to the standards of their delinquent peers, and thus, come to value the delinquent label, their self-esteem may be protected or enhanced.

The rationale for the aforementioned argument is that by evaluating themselves according to non-normative standards, deviant individuals have no reason to believe that others would disapprove their behavior, and thus they are less likely to adopt a negative view of themselves. Conversely, those who are bonded to conventional society and thus value conventional others' opinion regarding deviant behavior have been found to have lower levels of self-esteem (Chassin and Stager 1984). This is mainly because children who are attached to their parents are less likely to use neutralization techniques to justify their misbehavior (Costello 2000). Indeed, negative informal labeling by family and peers appears to affect the self-concept of young offenders more than formal labeling by the legal system (Heimer and Matsueda 1994; Matsueda 1992; Tittle 1980). That is, adolescents' feelings of self-worth and social rejection seem to be more affected by the labels imposed on them by their significant others than by those imposed on them by authorities.

In summary, the results of several studies addressing the relationship between official labeling and deviant identity suggest that in the cases when officially labeled individuals are rejected by their social group and are not able to neutralize/justify their wrongdoing to themselves, they are more likely to develop a deviant self-concept, and act according to the label imposed on them by official agents of social control.

INVOLUNTARY MEMBERSHIP IN A GROUP SOCIALLY DEFINED AS DEVIANT: COURTESY STIGMA

Courtesy stigma has been defined as the stigma experienced by those who are voluntarily associated or acquainted with a person who bears a stigma (Goffman 1963:30). According to Birenbaum (1979:197), this type of stigmatized identity constantly goes through a process of “construction” and “avoidance” depending upon the social context in which the family member is present.

It has also been pointed out that courtesy stigma encloses the stereotypes of blame, shame and contamination. For instance, family members of stigmatized individuals may experience shame because of their being blamed for the stigma carried by their loved ones (i.e. parents of mentally ill children are often blamed for the illness of their children). Furthermore, family members may be perceived as being contaminated by the illness, addiction, or deviant feature of the stigmatized person (Larson and Lane 2007: 248). In addition, Goffman (1963) has pointed out that people with a courtesy stigma may undergo many of the normal deprivations of their courtesy group and yet not be able to have the benefit of the self-elevation that is a common protection against such treatment.

Taking the above into account it seems reasonable to presuppose that children of parents who are stigmatized because of their alcohol/drug abuse, incarceration, and / or disability, are particularly vulnerable to experience courtesy stigma because of their being associated with them, and are in consequence more prone to experience negative self-feelings.

This section contains a review of the literature addressing the effects of parental deviance on offspring, specifically, this section aims to demonstrate that being the child of a stigmatized parent may sometimes i) lead to stigmatization, and ii) affect the way children conceive of themselves.

Parental Deviance and Stigmatization

Parental or family incarceration, substance abuse, and parental disability, have all been found to carry stigmatization because they violate social standards; however, it is important to highlight that the degree of stigmatization varies according to the type of deviance. For instance, it has been shown that people with mental illness are stigmatized more severely than those with physical health conditions, and that those who abuse alcohol are viewed more harshly than those with mental illness (Corrigan et al. 2005). Similarly, with regard to courtesy stigma, evidence provided by Mehta and Farina (1988), suggests that people who have a depressed, alcoholic, or incarcerated father were perceived as having more difficulty than those who have a father who is old, frequently absent, or who has only one leg.

Mentally ill parents have also been found to affect the likelihood that their children will bear a courtesy stigma. For instance, children of mentally ill fathers have been reported by their mothers to be “ashamed that their father is not well” (Veltman, Cameron and Stewart 2002: 110). Also, a study conducted by Angermeyer and Matschinger (1997) indicates that around 30% of their sample

reported having experienced discrimination in the form of assignment of guilt, defamation, withdrawal, and negative reactions from others as a result of their association with a schizophrenic relative. Furthermore, the same authors found that friends and neighbors gradually withdrew from families who have a relative suffering from schizophrenia. These families also experienced ridicule, gossip, and discriminating comments by neighbors. Additional evidence suggests that the majority of family members believe that their association with a mentally ill person should be concealed or otherwise be a source of disgrace for the family (Phelan, Bromet and Link 1998; Ohaeri and Fido 2001).

Other researchers addressing the effects of parental disability have found that children of deaf parents experience a sense of differentness because they are socialized in “an alien environment”, which means that unlike children of racial minorities, hearing children do not share their parents’ condition (Preston 1995: 1463-64). According to the same author, these children only realized that their parents were abnormal when they started going to school, and to their classmates’ homes. Most of Preston’s informants reported that, although they did not have problems with their hearing, they were sometimes mistakenly thought to be functionally deaf, and thus being “contaminated” by their parents’ disease. In addition, they describe themselves as “special” “more mature” and “different” when compared to their hearing peers.

Other scholars have found that being the child of a parent suffering from even more stigmatizing diseases is also a source of stigmatization of the child. For

instance, Cree and her associates (2004), found that children of HIV parents perceived that they were treated “differently” by those who knew about their parents’ disease. This differentness ranged from being very sympathetic to being nasty. Additionally, other children reported being afraid of telling their friends because of the stigma associated with this illness. According to the children’s reports, parents and close family members are the ones who prevent them from disclosing their HIV status, and sometimes coach them in developing stories to cover their deviance.

Further evidence provided by MacRae (1999) who conducted a study about the stigmatization of people who had relatives suffering from Alzheimer’s disease, indicates that only those family members who were in primary care giving roles experienced shame over their relative’s behavior and just a very small proportion of the of the family members who did not assume care giving roles experienced shame. Those family members who did feel embarrassed typically avoided accompanying their relative to public places such as the local shopping mall. Among those family members who did not experience stigma, several coping strategies (i.e. concealing the illness, rejection of those acquaintances who were judgmental) were used when dealing with social contacts outside of the family.

With regard to parental substance abuse, the literature addressing its effects on courtesy stigma is scant, and is heavily focused on alcohol abusers rather than on drug abusers. Thus, the evidence presented here is also focused on children of alcoholics rather than on children of drug abusers.

Children of alcoholics are usually referred to as “COAs”, by health care professionals, as a label that seems to carry stigmatization. Burk and Sher (1990) indicate that COAs have been equated with mentally ill teenagers, thus demonstrating that this label was synonymous with deviant behavior in the eyes of their peers. Sulek and associates (2006:350), suggest that the use of the COA label usually leads to a situation where not only family members but also people from outside the family see the label and not the human being. Furthermore, these authors found that children of alcoholics are perceived as people with worse life perspectives than their peers. In addition, their findings show that 33% of the surveyed people in their study believe that the company of COA's has an unfavorable influence on other kids. In addition, Zanoti-Jeronymo and Carvalho (2005) found that children of alcoholic parents are prone to feeling ashamed and isolated because of the stigma of alcoholism.

With regard to the children of drug abusers, it has been found that they experience a number of adversities that are directly linked to their parents' drug use. They are at risk of serious neglect, and in some cases violence, and their lives and household routines can be severely disrupted as a result of their parents' drug use (McKeganey, Barnard and McIntosh 2002), which is problematic as to whether such adversities and stigmatization exercise independent effects.

Similarly, scholars addressing the effects of parental incarceration have found that, in addition to being a socially disapproved form of separation, incarceration has “demoralization and stigma attached to it” (Lowenstein 1986:79).

In this regard, some of the evidence has shown that children faced with the social stigma of parental incarceration will often encounter embarrassment and shame, which may in turn further inhibit the ability of the child to adequately adjust to the anxieties resulting from the separation through incarceration (Hannon, Martin, and Martin 1984; Lowenstein 1986). However, it is important to take into account that this evidence is based on the reports of caregivers rather than on self-reports of children of incarcerated parents. Additional research suggests that children of incarcerated parents tend to be teased by their peers, excluded from their social group and left in shame and isolation (Kampfner 1991; Hagan 1996).

Some studies that have directly examined the effects of parental incarceration on children have found that only a small percent of them feel ashamed or stigmatized by their parents' situation (Bloom and Steinhart 1993; Johnston 1992). These latter authors, however, did not examine the effect of the social context that the children were immersed in, and thus, it is unknown if incarceration was a usual event in those communities. The social context seems to play a role since it has been found that children coming from neighborhoods or families in which imprisonment and related distress are every day events, making their lives already seriously disrupted, are less likely to experience shame as a result of their parents' incarceration (Gabel 1992; Trzcinski, Satyanathan and Ferro 2002). Further, some evidence indicates that frequently children of imprisoned mothers are not allowed to talk about their experiences, families do not talk about it at home, some of them in the hopes of writing this experience out of the lives of

the children, others because they believe that incarceration of their relative may attract stigmatization to the family members (Kampfner 1995:92).

Shame and social stigma related to parental incarceration appear to occur most frequently in families of first offenders, and where the family members were convicted of atypical offenses such as sex crimes and white collar crimes (Lowenstein 1986; Johnston 1995; Hairston 2007).

Effects of Parental Deviance on Children's Self-Feelings

The effect of parental deviance on offspring's self-esteem is illustrated by the following account of a daughter of a schizophrenic mother:

Growing up with a mentally ill mother was oppressive and worrisome, and it interfered with the development of my sense of self. I was terrified that I was like my mother and therefore had something wrong with me. Acutely self-conscious, I felt inferior to other children...
(Lanquetot 1988: 337).

Survey studies have obtained similar outcomes. For instance, in their study about the psychological factors experienced by relatives of mentally ill people Ostman and Kjellin (2002) indicate that 10 percent of the sampled relatives reported to have had suicidal thoughts. Additional findings have also shown that between 20 percent and 30 percent of family members reported lower self-esteem because they had a relative with mental illness (Lefly 1992; Shibre et al. 2001; Wahl and Harman 1989).

Additional evidence provided by Neff (1994), has indicated that those individuals reporting parental mental illness, not alcoholism, had significantly

higher levels of depression, and anxiety, this impact was observed specifically among females. Similarly, Williams and Corrigan (1992) found out that those individuals who had mentally ill parents exhibited more anxiety and depression than adult children of alcoholics. Again, the effects of stigmatization cannot easily be distinguished from any effects of genetic transmission.

On the other hand, some of the evidence addressing the self-esteem of children of disabled parents suggests that there are no differences in the self-esteem of hearing children of deaf parents and hearing children of hearing parents (Chan and Lui 1990). Also, in his study about the effects of parental physical disability on the development and adjustment of children, Buck (1980), indicates that while children of disabled parents tended to be more cautious in emotional expression than children of non-disabled parents, they were also found to hold significantly more positive attitudes toward their fathers than their counterparts.

With regard to children of alcoholics' self-esteem the findings are inconclusive. On the one hand, it has been found that parental alcoholism has a deleterious effect on offspring's self-esteem (Bush, Ballard, and Fremouw 1995; Rangarajan 2008). Specifically, children of alcoholics have been found to be more likely to have more negative self-concepts, describe themselves as impulsive, non-conforming, and depressed, have significantly higher scores for anxiety as a state, which is manifested in acute feelings of anxiety and worry as well as anxiety as a personality trait, expressed by uncertainty, pessimism, feelings of constant inner

tension, and tendency to be on the alert for threats (Zanoti-Jeronymo and Carvalho 2005; Tomori 1994).

Similarly, compared to their peers, children of alcoholics have been found to experience more depression, rely on more aggressive defenses, and perceive their families as more inconsistent (Jarmas and Kasak 1992). Further research indicates that subjects with alcoholic fathers reported lower self-esteem and less-secure attachment to father, they also more frequently reported that their father's parenting style was inconsistent, and less frequently reported that it was responsive (Bice Broussard 1998).

Likewise, Kelley and Fals-Stewart (2004) found that children living in homes with drug-abusing fathers were more likely to exhibit affective and anxiety disorders than children living with alcohol-abusing fathers. Compared to children in non-substance abusing homes, a greater proportion of children living in homes with substance abuse exhibited a lifetime prevalence of behavioral psychiatric disorders.

On the other hand, some of the research comparing the self-esteem of children of alcoholics and children of non-alcoholics suggests that there are no differences between these groups (Rangarajan 2004). For instance, Dodd and Roberts (1994) found that there is no distinction between adult children of alcoholics ACOAs and non-ACOAs levels of self-esteem, depression, and anxiety. According to the same authors, individuals who were from dysfunctional families of origin, with or without parental alcoholism, were significantly associated along

lines of self-esteem, depression and anxiety. It was not parental alcoholism but family dysfunction that proved to be the major factor of variability. In this regard, Walker (1996) found that children of non-alcoholic parents reported fewer incidences of parental dysfunction, family conflict, and better social living conditions. Also, adult non-COAS had a more positive affect, greater social competence, more purpose in life, and more life satisfaction than adult COAS.

Similarly, Hall (2007) found that there were no statistical differences regarding the self-esteem between ACOAS non-ACOAS. However, his sample was rather small. Also, Godsall et al. (2004) found that parental drinking behavior accounted for a significant, albeit small, amount of the variance in self-concept in the high functioning children. Indeed, according to their findings, parental substance misuse alone cannot account for the psychological adjustment of these children, especially in low functioning children.

In addition, some of the studies addressing the differences between the self-esteem of children of alcoholics and children of non-alcoholics parents suggest that paternal alcoholism had a more detrimental effect than maternal alcoholism (Rangarajan 2008). Also, Hussong et al. (2005) found that female COAs showed deficit in social competence in early childhood that receded in adolescence and that varied across subtypes of parent alcoholism. This effect was most evident in those with paternal rather than maternal alcoholism, recent as opposed to recovered alcoholic parents, and having two alcoholic parents rather than one.

Some scholars attribute these contradictory findings to the personality differences existing among clinical and non-college samples. According to George and colleagues (1999: 43) “such individuals have been selected for higher education and intellectual attainment than the general population and therefore could have surmounted or compensated for the adverse effects of alcoholic parentage”. A similar argument is presented by Vail and her colleagues (2000: 117), who, in their critical examination of 98 studies on adult children of alcoholics, found that i) over half of the reviewed studies involved college students, and ii) a variety of classification methods were employed, specifically, participants were most often categorized using the Children of Alcoholics Screening Test, while various single-item criteria were used in a minority of studies. According to the authors, the aforementioned issues, in addition to the use of imprecise terminology, may have led to unreliable classification.

However, with regard to the use of a single-item to categorize the children of alcoholics, a study comparing the Family History Research Diagnostic –FH-RDC- versus the single-question method (Cuijpers and Smit 2001: 746), indicate a good agreement between FH-RDC for parental alcoholism and the single question about parental drinking. These authors conclude that the single question correctly identifies the vast majority of the respondents. Hence, the argument about the use of clinical versus college samples seems more reasonable.

Another form of parental deviance that seems to affect offspring’s self-esteem is parental imprisonment. In her study, Kampfner (1995) found that there is

a high incidence (75%) of Post Traumatic Stress Disorder (PTSD) symptoms in children of incarcerated mothers. Specifically, the interviewed children in her study reported difficulty in sleeping and concentrating, depression, and expressed feelings of anger, fear and guilt.

Additional evidence provided by Calleja and Psaila (2003) indicates that the scholastic self-confidence of the sampled children of incarcerated fathers is lower than that of their classmates. The results however were not statistically significant for adolescents, indicating that children are more affected than adolescents. According to the authors, stigma and labeling emerged as possible contributing factors to lower self-esteem. Other scholars have also found that children of imprisoned parents experience a loss of self-esteem, eating problems, and attachment disorders (Johnston 1995; Trzcinski, Satyanathan, and Ferro 2002).

In addition, it has been found that parental incarceration has a greater impact on young children because their identity and sense of security are still dependent on the presence of the parent. Adolescents, on the other hand, are believed to cope better with this situation (Johnston 1995). However, this situation has not been directly observed.

In summary, as it has been shown in this section, involuntary membership to a stigmatized group or possessing deviant features lead in some cases to stigmatization and to experiencing negative self-feelings. This dissertation is aimed at understanding why some stigmatized individuals are affected while others are

not. Specifically, this research addresses the role that parents may play in this issue, informed by the following relevant body of literature.

THE EFFECTS OF PARENTAL EMOTIONAL SUPPORT IN THE DEVELOPMENT OF A DEVIANT IDENTITY

In the previous sections it has been shown that deviance elicits negative reactions from others and that it may sometimes negatively impact the self-esteem of both those who possess personal deviant characteristics, and those who are associated with the stigmatized people. Likewise, the research addressing this matter has demonstrated that not all of those who are stigmatized necessarily think ill of themselves. As it was mentioned above, some scholars have suggested that those deviant individuals who are highly identified with their group are prone to have more positive self-feelings than those who do not bear deviant characteristics (Bat-Chava 2000; Mejstad, Heiling, and Svedin 2008). Additionally, other studies focused on coping strategies of relatives of stigmatized individuals, have found that the majority of them obtained support from family members or their network of close friends (Ostman and Kjellin 2002:496). Goffman (1963:33) has pointed out that when there is a stigmatized member in the family, parents will try to protect him/her from the outside environment, and thus, try to make him/her believe that he/she is a normal person. However, there will be a point when the domestic circle can no longer protect the individual; this point will vary according to social class, area of residence, and type of stigma.

In either case, individuals as a result of being exposed to a heterogeneous environment, will more likely become aware of their deviance, elicit negative reactions from others, and thus develop their identity accordingly. Taking the above into account, this study addresses the idea that parental emotional support may play an important role in the process of developing a deviant identity. That is, an emotionally supportive parent can help to overcome the harmful effects of the labeling, and prevent their children from internalizing the deviant stereotype in their self-concept.

Parental support has been defined as “any parental behavior that communicates acceptance and approval to the child” (Rollins and Thomas 1979). A more up to date definition of this concept includes both instrumental and emotional dimensions. Parental support is said to be instrumental when it is focused on helping children with their homework or attending sports functions.

Emotional support, on the other hand, has to do with a positive communication between parents-children, and it also includes behaviors such as physical and verbal affection, and encouragement (Wills and Cleary 1996; Young et al. 1995). According to Shaw and his colleagues (2004), exposure to parental emotional support during childhood is associated with adult mental health. That is, children with supportive parents tend to have higher self-esteem during adulthood than those who did not receive emotional support from their family.

With regard to the factors affecting identity development, most of the researchers addressing identity development in general (Cooley 1909), and deviant

identity in particular (Low 1996; Heckert and Best 1997; Waterhouse 2004), have pointed out that primary groups, such as family, teachers, and the peer group play an important role in both internalization of the deviant identity and stigma management.

It is essential to point out that parental reactions toward deviance within the family may vary, but researchers agree that most of the time it is positive, and is aimed at helping their children to cope with their stigma (Goffman 1963; Cree et al. 2004). Parental support is thus believed to have an effect on whether a stigmatized individual will develop a deviant identity. For instance, Victor (2004) found that girls who have been subjected to derogatory labels by their peers were more likely to neutralize the effects, and reject the label, when they had an emotional bond with a mother or grandmother.

The following sections examine some of the relevant literature addressing the effects that parental emotional support has on the well-being of individuals who bear deviant characteristics such as health limitations and official labels, and/or individuals who are involuntary members of a stigmatized group (i.e. having an alcoholic parent).

Personal Deviance and Parental Emotional Support

The bulk of the literature addressing the relationship between parenting and stigmatized children is focused mainly on the burden experienced by parents and the different strategies they use to cope with this issue. Only a scant number of

scholars have paid attention to the importance that parental emotional support has for those children who bear a stigmatized health condition. For instance, it has been found that for children with degenerative conditions, especially those who were able to understand the changes in their health and abilities, parental emotional support was needed for coping with these changes. Parents also highlighted the importance of meeting their children's emotional needs in order to make sure the child does not feel anxious about his/her disease (Sloper, Rabiee and Beresford 2007).

A common factor in the studies addressing the issue of coping with a stigmatizing illness is that children want to feel confident and respected by others; they want to be "normal", as one of the Kent and Smith (2006) hard-of-hearing interviewees pointed out:

If I go to school, I want to be able to go into a room and sit down, and just be like everybody else, even though I have a hearing loss. Just be like them; talk to everybody and nobody is going to look at me and go "you know, is he, like retarded or something?"

Parents also reported that giving emotional support is most important, even though it is the most time-consuming and difficult task, to help their children to cope with their illness (Kars et al. 2008; Kolbrun 2005). With regard to the effects of parents on their stigmatized children, some of the evidence suggests that children who felt more support from their parents had less negative perceptions of their learning disability, a more positive self-concept and more perceived social

acceptance than those who did not feel supported by their parents (Rothman and Cosden 1995).

In her study about children with dyslexia, Singer (2005) found that the majority of the children with dyslexia, who reported being teased or humiliated as a consequence of their disease, seemed to strengthen their self-esteem by talking with their parents about the unpleasant incidents they experienced at school. These children found comfort through their parents' consolation and reassurance. The same author indicates that in cases where children reported that they did not receive emotional support from their parents, they were found to feel sad, confused or ashamed.

A similar qualitative study conducted by Kent and Smith (2006) also shows the positive effects that an emotionally supportive parent can have on deviant children. These authors found that in cases where hard-of-hearing (HOH) young people were comfortable with hearing aids, the common factor was the support of their parents, who tried to normalize the hearing difficulties of their children, and to make them feel better about their identities as "hard-of-hearing" persons.

Survey studies have also provided similar evidence. For instance, in her study about self-esteem and perceptions of social support among physically disabled and able-bodied adolescents, Cherry (1991) found that one out of four predictors of self-esteem in her sample was reflected appraisals from family, especially reflected appraisal from children's fathers. Likewise, Wolman and Basco's (1994) findings point out that one of the factors contributing most

positively to the self-esteem of adolescents suffering from spina bifida is parental support. Specifically, adolescents tend to have a more positive self-image when they are encouraged and allowed by parents to participate in social activities.

Additionally, Antle (2004) found significant correlations between perceptions of self-worth in young people with physical disabilities and perceived support from parents. Furthermore, her regression analyses revealed that perceived support from parents was a stronger predictor of self-worth than were gender, age, or diagnosis (onset of disability). However, it is important to mention that mothers are more likely to accept their child's impairment than fathers. In fact, fathers may be specially disappointed by children with disabilities, and tend to spend less time with them (Lamb and Laumann-Billings 1997).

In their study about adolescents who suffer from exstrophy (an illness related to urinary tract infections and sexual dysfunction), Wilson and his colleagues (2004) indicate that these adolescents reported that they needed their parents not only for practical support, but also for talking with them about their experiences at school. Other studies focused on children suffering from cancer, show that parents of these children believe that they ought to contribute to the child's coping by influencing the child's perception of his/her life (Kars et al. 2008).

Conversely, some research shows that poor parent-child relationship quality contributes to child behavior problems in families with children suffering from epilepsy. For instance, parental criticism, as opposed to parental acceptance has been found to be associated to behavioral disorder and antisocial behavior in

children with epilepsy (Hodes, et al. 1999; Sbarra, Rimm-Kaufman, and Pianta 2002). Similar studies indicate that poor family functioning was associated with depression in children with epilepsy (Haber et al. 2003).

In summary, the evidence presented above shows that parents play an important role in the lives of children who suffer from illnesses that prevent them from socializing in a normal manner with their peers. Parents are responsible not only for providing care for their children but they also are responsible for providing guidance and emotional support for their children; in this way, they can help them to cope with the stigma of their illness, and thus affect the way their children think of themselves.

Official Labeling and Parental Emotional Support

Unlike those children bearing stigmatized illnesses, those who have been officially labeled as “delinquent” are less likely to receive emotional support from their parents. Some studies addressing the effects of official labeling, suggest that adolescents who have been in contact with authorities are more likely to be labeled as delinquents by their own parents; a circumstance that is considered to be a far more traumatic experience for youths than being so labeled by the juvenile justice system (Matsueda 1992; Siegel and Welsh 2008; Triplet 1993). When children are appraised as deviant by their parents, they perceive that others see them as such, and act upon this conception of themselves (Matsueda 1992; Brownfield and Thompson 2005). Further studies in this area show that the effects of parental

appraisals are stronger for boys than for girls. Specifically, it has been found that informal labeling by parents and reflected appraisals as a rule violator are more consequential for males. Also, due to society stereotypes about male and female delinquent behavior, males are more likely to be falsely accused or appraised as deviant by parents than are females (Bartusch and Matsueda 1996; Koita and Tripplet 1998).

However, when the deviant label is applied to the behavior rather than on the individual, the label is less likely to become central to the individual's self-concept (Braithwaite 1989). To illustrate, in their study about young offenders and their parents, Maxwell and Morris (1993) found that when adolescents reported both i) not being made to feel as a bad person, and ii) feeling good about themselves, they were significantly less likely to be reconvicted. Consistent with these findings, Ahmed (2001) reported that stigmatizing shaming by parents was significantly associated with more bullying behavior while reintegrative practices was associated with less bullying. A follow up study by the same author (Ahmed and Braithwaite 2006), supported her earlier results in that parental forgiveness of their children's wrongdoing was strongly associated with reduced violent behavior at school. However, some other studies have only found partial support for this theory (Botchkovar and Tittle 2005; Tittle, Bratton, and Gertz 2003).

Although currently there is a paucity of studies specifically addressing the effects of parental emotional support in the self-feelings of officially labeled individuals, some of the studies focused on recidivism have pointed out that family

relationships are an important factor in reducing the likelihood of re-offending. For example, Pietromonaco and Feldman-Barrett (1997) indicate that positive familial relationships can be constructive protective mechanisms that moderate adverse mental health problems for late-stage adolescent female offenders, and, Hay (2001), demonstrates that parents who are closely related to their children are more likely to use reintegrative sanctioning as a means to correct their children's misbehavior.

In summary, although the likelihood of receiving emotional support from parents has been found to vary according to their children's type of deviance, research in this area consistently shows that those deviant individuals who receive affection and encouragement from their parents are less likely to think ill of themselves and to experience negative emotions.

Parental Deviance and Emotional Support

Children of parents perceived by others as deviants may be subjected to stigmatization and prone to have a negative self-image and/or affect. However, not all those children who have stigmatized parents think ill of themselves. Although the dominant narrative in empirical research on parenting by disabled, alcoholic, or incarcerated parents suggest that they may have some trouble assuring their children's emotional needs, some researchers have begun to challenge these findings.

For instance, disabled parents have been found to be especially supportive of their children. Westgren and Levi (1994) show that children of mothers with spinal cord injury reported that they appreciated their mothers' support and interest in their activities. Some of the evidence suggests that disabled parents tend to discuss their disability with their children, and allow the children's friends to understand and become familiar with it (Duvdevany, Buchbinder, and Yaacov 2008).

Likewise, Olkin and colleagues (2006) found that parents with disabilities are more supportive of their children than non-disabled parents; and, disabled fathers have been found to show more physical and verbal affection to their children than non-disabled fathers (Buck and Hohmann 1981). Further, Rienzi (1990) found that the hearing children of deaf parents had a greater number and percentages of their ideas accepted than did the hearing children of hearing parents.

With regard to the children of alcoholics, it is noteworthy to mention here that although the majority of the evidence has indicated that alcoholic parents or the spouses of alcoholics may tend to provide sub-optimal parenting due to diminished capacities and psychological resources (Smith et al. 2006; Rutherford et al. 1997), and that spouses of alcoholics are more likely to focus their attention on their spouses rather than on their children (Ahuja, Orford, and Copello 2003), some other scholars have failed to support these findings. In some cases where one of the parents is an alcoholic, the non-alcoholic parent has been found to provide warmth

and nurturance for their children (Bernardi, Jones, and Tennant 1989). Also, Kittmer (2005) found that children of alcoholics reported that non-alcoholic mothers were emotionally supportive and provided encouragement, while serving as a source of strength for the family. Werner and Johnson (2004) also found that a higher proportion of the resilient offspring of alcoholics had received nurturance, and protection from their mothers as opposed to those who later developed serious coping problems.

Some scholars who have focused on incarcerated parents suggested that the incarceration could be detrimental for the parent-child relationship, specifically because parents are physically unable to provide care and protection for their children (Dyer 2005; Arditti 2005; McDermontt and King 1992). However, others suggest that for some parents being in prison created a positive opportunity to reappraise their family relationships and resurrect parental commitment. Incarcerated parents give guidance to their children through letters and calls, which helped to maintain emotional connections between parents and their children (Parke and Clarke-Stewart 2002; Snyder 2009). Children who maintain contact with their parent during incarceration show fewer disruptive and anxious behaviors in particular and improved outcomes in general (La Vigne, Davies, and Brazzell 2008).

In summary, although the research addressing parental emotional support and parental deviance is scant, there is some evidence suggesting that parents who bear stigmatization are able to provide warmth and nurturance for their children,

and that their children may be able to cope better when they feel they can count on their parents.

SHORTCOMINGS OF THE EXISTENT LITERATURE

This literature review was examined some of the evidence addressing the effects of both deviant characteristics and involuntarily membership in a group socially regarded as deviant on the development of the actor's deviant identity (e.g. stigmatization and self-derogation). Although provocative, these findings are not without limitations.

With regard to the literature on courtesy stigma, most of the studies addressing the effects of parental alcoholism have used either college samples or clinic samples. Also, there are only a scant number of studies aimed to shed light on the role played by the non-stigmatized parent in the family context.

Similarly, the majority of the scholars addressing the effects of parental incarceration have relied most of the time on parents' reports rather than on children's accounts. In this particular case, there is a tendency to believe that parental incarceration results in stigmatization for their children, but only few studies have specifically examined this relationship.

Finally, the body of literature about parental emotional support, although limited, is promising. It indicates that parents may help their children to deal with their deviance. However, most of this evidence relies on qualitative accounts, or cross-sectional analyses. Thus, further evidence is needed.

PROPOSED MODELS

Taking into account both the current findings provided by the reviewed body of literature, as well as its limitations, this research seeks to examine whether parental emotional support moderates the effects of deviance (both personal and parental) in the development of adolescents' deviant identity. Specifically, it is hypothesized that i) adolescent deviance (personal and/or parental) affects the development of deviant identity both directly and indirectly through stigmatization; and ii) the direct effect of adolescent deviance (personal and/or parental) in the development of deviant identity is moderated by parental emotional support. That is, it is presumed that those adolescents who bear the stigma of deviance, but at the same time receive emotional support from their parents, will be less likely to evaluate themselves negatively, and to experience negative affect. Furthermore, the above mentioned relationships are hypothesized to hold net of the effects of the adolescents' age, gender, race, family structure, and socioeconomic status, all of which have been found to affect to some extent the self-concept and emotions of deviant individuals. The following chapter presents the measures and analytic techniques used to assess the aforementioned hypotheses.

CHAPTER IV

METHODS

This chapter has three main objectives; first, to describe the characteristics, composition, and limitations of the sample used in this study. Second, to describe the measures used to operationalize deviant identity, parental emotional support, health limitations, parental deviance, and the control variables that were part of the proposed models described in the previous chapter; and third, to present the rationale behind the choice of analytic techniques used to address the main research questions of this study.

SAMPLE

The sample consisted of 1,245 participants tested initially between 11 and 16 years of age and retested three years later. The participants were the children of a panel tested up to six times between adolescence and adult life. At the time of their most recent interview first generation respondents (G1) were asked about the number, ages, sex, and addresses of their biological, step, adopted, and foster children. Their permission was then obtained to interview their children who were subsequently contacted to participate in a second-generation study (G2). At the end of the G2 first data collection wave (t_1) a total of 7,519 second-generation participants had been interviewed. Although it was initially planned to re-interview all participants, due to funding limitations only 2,224 subjects were re-interviewed

three years later (t_2).

Both the first-generation and second-generation panels have been the source of data for several studies addressing the association between self-derogation and deviant behavior and the variables that mediate and moderate this relation (see for example, Halim 2005; Kaplan and Johnson 2001; Kaplan and Lin 2000, 2005; Kaplan and Tolle Jr. 2006).

For present purposes, I relied on data from second-generation participants (G2) at both Time 1 and Time 2. Those selected for the analytic sample from among 2,224 youths were 19 years old or less at the time of their second interview (t_2), in order to focus on adolescents. All Time 2 participants who were included in the study sample were surveyed in the first wave (t_1). Data provided by the parents (G1) during their last interview were used for obtaining information about their health related issues and their educational attainment. This strategy allowed increasing the number of valid cases in the models, specifically because many of the children did not know about the level of education attained by their parents. Also, second-generation participants were not asked about their parents' health conditions. This information could only be obtained from first-generation participants. These data were added to the analytic database. The information provided by each of the interviewed first-generation participants was paired with the data provided by each of their interviewed child or children.

Half of the participants were Whites (50%), 32% were African-Americans, 17% were Hispanics, and the remaining 1% was composed by both Asian and

Native American participants. In terms of gender, the sample was equally distributed, 50.3% were females and 49.7% were males. On average, the parents of the participants had achieved a high school education.

DATA COLLECTION

Face-to-face interviewing, conducted at the respondent's home or some other convenient location, was used to obtain information from second-generation participants at both Time 1 and Time 2. In general, the interview lasted about two hours and included a variety of topics such as school, family relationships, drug and alcohol consumption, and personal relationships.

A structured questionnaire was used to collect the data contained around 170 items. Some parts of it, such as those inquiring about personal feelings, and coping mechanisms, were self-administered, unless the participant decided otherwise. Other questions aimed to gather personal data (i.e. age, educational level, among others), and information related to deviant behavior/characteristics (both personal and parental), were directly elicited by the interviewer. In several instances, participants were given a card containing a list of all possible choices and were asked to respond with only the number/letter of the choice that described their own behavior or traits and/or the behavior or traits of their parents. The same questionnaire was used to collect the data for both waves. All participants were assured confidentiality and informed of their right to not answer a question

or questions without prejudice. Participants received remuneration of \$25, regardless of their willingness to complete all questions.

MEASURES

The hypothetical models examined in this study generally contained ten variables; this section presents a description of the measures used to operationalize each of them.

Dependent Variable

The dependent variable of this study was deviant identity, which was measured at Time 2. This latent variable was modeled as a multiplicative index using two observed scales, namely, i) self-derogation, and ii) depression. The self-derogation scale consisted of five binary self-reported items (0=False, 1=True), which were summed to produce a scale score ranging from 0-5. These items were calculated such that increased scores indicated high self-derogation. The alpha level obtained for this scale was 0.67. The items were as follows:

- I wish I could have more respect for myself
- I feel I do not have much to be proud of
- All in all, I am inclined to feel that I am a failure
- At times I think I am not good at all
- I certainly feel useless at times

The depression scale was composed of six binary self-reported items (0=No, 1=Yes), which were added to produce a scale score with a range of values from 0 to 6, and an alpha level of 0.64. Higher scores indicated greater depression affect. The items contained in this scale were as follows:

- Do you worry more than most of the kids of your age?
- Would you say that most of the time you feel in good spirits? (reverse coded)
- Do you wish you could be as happy as others seem to be?
- On the whole, would you say you are a fairly happy person? (reverse coded)
- Do you feel guilty a lot of the time?
- Do you often feel downcast and dejected?

The scores of these two scales were multiplied in order to produce a deviant identity index with a mean of 2.91 and a standard deviation of 4.78 for the present sample on scores ranging from 0 to 30. Higher scores indicated more deviant identity. The correlation between the self-derogation and depression scales at time 2 was 0.58 and it was statistically significant ($p= 0.001$).

Although multiplicative composites, as opposed to additive ones, are rarely used as dependent variables, especially in the social sciences literature, the idea of doing so is not new at all (see Heilburn 1990; Kimmel and Mahalik 2005) and it does have a strong rationale. Basically, the reviewed literature indicates that multiplicative indexes have three main advantages over additive ones, they are as follows: i) *monotonicity*, that is, a multiplicative index increases when all its

indicators increase simultaneously; ii) *minimal lower boundedness*, which implies, in this particular case, that the contribution of depression to deviant identity requires self-derogation to be above a minimum threshold; and iii) *Independence*: this characteristic captures the idea that when comparing two cases or groups, the ranking produced, in this case, by the self-derogation variable is not altered by any common depression vector, and viceversa (Herrero, Martinez, and Villar 2007).

In addition, it is important to mention here that the decision of using both self-derogation and depression indicators as a measure of deviant identity was informed by the results of several studies that have found a positive relationship between deviance and self-derogation, and deviance and depression. This conceptualization of deviant identity is compatible with a number of theoretical approaches including labeling and self-referent behaviors perspectives, indicating that as a result of bearing deviant traits or attributes, individuals define themselves in negative terms and subsequently experience negative affect (see Chapter III for a more detailed review of the literature related to this matter). Thus, it is the convergence of negative self-feelings and negative affect that best reflects the concept of deviant identity. Hence, the multiplicative index used by this research best represents the concept of deviant identity as an emotionally distressing negative self-evaluation. Taking the above into account, a multiplicative index as opposed to a summative composite, using both the self-derogation and depression scales was taken to provide a more powerful index of deviant identity. The

methodological implications of using these measures as indicators of deviant identity are discussed in the limitations section (Chapter VII).

Independent Variables

Independent variables are the presumed causes of a dependent variable. The independent variables of this study were two, namely, personal and non-personal deviant characteristics. Although they are both possessed by the individual, they were tested as separate factors because the reviewed literature suggests that each has a different effect on the individual (see Chapter III for details). The independent variables in this study were measured at Time 1, and they were modeled as follows:

Personal Deviance. This variable was composed of two observed self-reported indicators, namely i) health limitations, and ii) contact with authorities. The health limitations variable is a summed scale consisting of four self-reported binary (1=Yes, 0=No) items, which were added to obtain a single score ranging from 0 to 4, with a mean of 0.24, and a standard deviation of 0.58. The items were as follows:

- Does your health limit the kind of physical activities you can do?
- Does your health make you stay indoors most or all day?
- Does your health prevent you from doing certain kind or amount of work, housework, or schoolwork?
- Does your health require that you get help eating, dressing, bathing, or going to the bathroom?

The contact with authorities variable, consisted of a summed scale of two self-reported binary (0=No, 1=yes) items, ranging from 0 to 2, with a mean of 0.24 and a standard deviation of 0.51. The items for this measure were as follows:

- Have you been suspended or expelled from school within the last year?
- Have you been called to the attention of the police, for something you did or they thought you did, within the last year?

Non-personal Deviance (Courtesy Stigma). This variable was based on four observed indicators, namely: i) parental disability; ii) parental health issues; iii) parental substance abuse; and iv) offending family members. The parental disability variable was measured at Time 1, respondents were asked: “Is your mother/father a disabled person? Response choices were coded 0=No, 1=Yes. It is important to mention here that this question was not asked to all of the participants in this study, but only to those who reported that their mother/father was not employed at the time of the interview. Separate scores for both fathers and mothers were calculated.

The second observed variable, parental health issues, was measured by parental self-reports. The questions asked of parents with regard to their health identical to those asked of their children: i) Does your health limit the kind of physical activities you can do?; ii) Does your health make you stay indoors most or all day?; iii) Does your health prevent you from doing certain kind or amount of work, or housework? ; and iv) Does your health require that you get help eating, dressing, bathing, or going to the bathroom? Only data for the interviewed parent is

available. These data were not elicited for the spouses. For analysis purposes this variable was dichotomized 0= if the mother/father did not report any health issues, and 1= if the mother/father did report any health issue. Similar to the disability variable, separate scores were obtained for both fathers and mothers.

The third variable, parental substance abuse consisted of three binary (0=No, 1=Yes) items, which were summed to produce a single score, ranging from 0 to 3, they were as follows:

- Has your step or biological father/mother regularly drunk alcohol excessively over a long period of time?
- Has your step or biological father/mother smoked marijuana regularly over a long period of time?
- Has your step or biological father/mother used other illegal drugs regularly over a long period of time?

A parental cumulative deviance index was then constructed using scores produced by the substance abuse variable, the parental disability and the health limitations variables. Obtained scores for this index ranged from 0 to 6, out of 10 possible deviance risk factors, with a mean of 0.57 and a standard deviation of 0.93.

Additionally, separate indexes for each of the parents were constructed in order to analyze their independent effect on the dependent variable. The single scores obtained for both the maternal cumulative index and the paternal cumulative index, ranged from 0 to 4, out of 5 possible deviance risk factors. However, their means and standard deviations were different. The mean for the

maternal deviance index was 0.21, with a standard deviation of 0.50, while for the paternal deviance index the mean was 0.36 with a standard deviation of 0.65. According to an independent t-test, the means difference between these two indices was statistically significant ($p=0.05$). Cumulative indexes were constructed and used as independent variables because they have been found to increase predictive efficiency as oppose to using each of the factors as single predictors (Sameroff et al. 1998).

The fourth observed variable used to measure courtesy stigma, was offending family members. Respondents were asked a single binary item (0=No, 1=yes), as follows: "Within the last year, have any of the members of your family been jailed?" As the data set made it impossible to determine whether any of the parents were the ones who had been jailed, this variable was included as a separate predictor in all the regression, moderation, and mediation models.

Mediator Variables

Mediator variables are those that account for the relationship between an independent and a dependent variable (Baron and Kenny 1986). This study examined the mediating role of *stigmatization*. In order to identify the necessary items to construct this scale, an exploratory factor analysis was conducted. The results yielded two factors namely, i) negative reactions from teachers, and ii) negative reactions from peers. The stigmatization by teachers variable was measured at Time 1. It was comprised of five self-reported binary items (0=False,

1=True), which were added to produce a single score ranging from 0 to 5 with an alpha level of 0.56, a mean of 0.39 and a standard deviation of 0.76. The items contained in this scale were as follows:

- My teachers are usually not very interested in what I say or do
- By my teachers' standards, I am a failure
- My teachers usually put me down
- My teachers do not like me very much
- I have never been very happy at school

The second scale, negative reactions from peers, was also measured at Time 1. It was comprised of four self-reported binary (0=False, 1=True) items that were summed in order to obtain a score ranging from 0 to 4. This scale obtained an alpha level for this scale was 0.63, a mean of 0.64 and a standard deviation of 0.98. The items were as follows:

- More often than not I feel put down by the kids at school
- I am not very good at the kinds of things the kids at school think are important
- The kids at school are usually not very interested in what I say or do
- Most of the kids at school do not like me very much

Moderator Variable

According to Baron and Kenny (1986:1174), moderators are variables that affect the direction and/or strength of the relationship between an independent variable and a dependent variable. Similarly, Jaccard, Turrissi and Wan (1990),

suggest that a moderated causal relationship exists when the assumed direct causal relationship between independent and dependent variable is influenced by a third variable. Moderation thus implies that the causal relation between two variables changes as a function of the moderator variable.

This study examined the moderator role of *Parental emotional support*, which was a variable measured at Time 1. As a result of conducting an exploratory factor analysis, this scale was based on six binary items (0=no, 1=yes), with an alpha of 0.80. The items were as follows:

- Do you discuss your personal problems with your Mom or Dad?
- Does your Mom or Dad openly show affection for you?
- Does your Mom or Dad discuss his or her personal problems with you?
- Do you show affection to your Mom or Dad?
- Do you discuss things that happened at school with your Mom or Dad?
- Does your mom or dad kiss or hug you?

Separate models were estimated for each of the parents. Three additive indexes were constructed, i) the maternal emotional support index, which is the sum of all six items related only with the mother, ii) the paternal emotional support index, which is the sum of all six items related only with the father, and iii) the parental emotional support index, which is the result of summing both the father and mother emotional support items. For both the maternal and the paternal indexes the values ranged from 0 to 6.

The means for the maternal and paternal emotional support indexes were 5.06, and 4.18, respectively. With regard to the parental emotional support index, the values ranged from 0 to 12, with a mean of 7.97, and a standard deviation of 2.91. Higher scores indicated high maternal/paternal emotional support.

Control Variables

A control variable can be defined as a factor, affecting the relationship between an independent and a dependent variable, which is kept constant as to minimize its effects on the outcome (Kerlinger and Lee 2002). In this study six control variables were analyzed, namely, deviant identity at Time 1, age (at Time 1), race/ethnicity, gender, family structure, and socioeconomic status. Although previous research has shown that the impact of some of these variables on the self-concept of individuals bearing deviant attributes is inconsistent at best (see Chapter III for a more detailed review), included them into the models allowed to corroborate earlier findings.

Deviant Identity (t₁). This variable was a multiplicative composite, similar to the deviant identity variable measured at Time 2. Both, scores from the depression and self-derogation scales measured at Time 1 were used to obtain an index ranging from 0 to 30, with a mean of 2.91 and a standard deviation of 4.78. The correlation between the self-derogation and depression scales at time 1 was 0.57 and it was statistically significant ($p = 0.001$).

The effect of this variable was controlled mainly because it was important to assess the levels of change over time on reported deviant identity. Its inclusion into the models also allowed to assess both whether deviant identity tended to be stable overtime and, most important, to determine if it was affected by the emotional support provided by parents at Time 1. It is also important to point out that including deviant identity at Time 1 as a covariate allowed controlling, at least partially for omitted variables that influence the change in the dependent variable (Kessler and Greenberg 1981).

Age. Age was a continuous variable measured as years of age at the time the respondent was first interviewed (Time 1). The range is from 11 to 16, with a mean of 13.2 and a standard deviation of 1.12. Older people tend to be associated with higher self-derogation and depression. Specifically, research has indicated that self-esteem levels are high in childhood, tend to drop during adolescence, rose gradually throughout adulthood and declined sharply in old age (Robins et al. 2002). Although, age has not been found to play a role in the development of a deviant identity of individuals bearing health limitations and/or deviant labels, controlling its effect allowed supporting previous research in this area.

Race/ethnicity. Race/ethnicity was a nominal variable measured at Time 1 with the categories i) White, ii) Black), iii) Hispanic, iv) Asian, and v) Native Americans. Respondents were asked the following question: "Which one of the following groups do you belong to?" They were only allowed to choose one out of

five categories, around 50% reported to be White, 32% were Black, 17% were Hispanics, and the remaining 1% were either Asian or Native American.

For the purposes of this study, a dichotomous variable was constructed whose categories were 0=Non-White and 1=White. Non-White people are those who belonged to either the Black, Hispanic, Asian, or Native American categories, while Whites were those who chose the first category of the original variable. White adolescents have been found to have higher rates of self-derogation (Gray-Little and Hafdahl 2000; Twenge and Crocker 2002) and depression (Riolo, et al. 2005). Also, research has shown that being labeled as “deviant”, tends to a greater effect on the self-concept of women and whites, specifically because both groups tend to be less involved in delinquent activity (Bartusch and Matsueda 1996; Kaplan 2000; Koita and Triplet 1998).

Gender. Gender was a nominal variable measured and coded by the interviewer at Time 1, the categories were as follows 0=respondent is a male, and 1=respondent is a female. The study sample was equally distributed, 49.7% of the respondents were males, and 50.3% were females. According to previous research, female gender tends to be associated with higher levels of both self-derogation (Polce-Lynch et al. 2001) and depression (Murakumi 2002). However, with regard to self-derogation, it should be noted that some studies have found that the impact of gender differs across racial groups, with Black, Native American and Asian women having lower levels of self-derogation than their male counterparts (Martinez and Dukes 1991). Although studies addressing the effects of gender in

the self-esteem and levels of depression of individuals bearing stigmatizing illnesses are inconclusive at best, controlling its effect allowed supporting previous research in this area.

Family Structure. Family structure was a nominal variable measured at Time 1. Respondents were asked the following question: “Who do you live with most of the time?” The respondent chose one of the following eleven categories: i) both biological parents; ii) both adoptive parents; iii) stepmother and biological father; iv) stepfather and biological mother; v) a woman who is not married to his/her father and biological father; vi) a man who is not married to his/her mother and biological mother; vii) biological mother; viii) biological father; ix) adoptive mother; x) adoptive father; and xi) others.

Around 47% of the respondents reported to live with both biological parents, while 21% of the interviewees lived with their biological mother only, and 19% reported to live with a stepfather and their biological mother. The remaining 13% was distributed among the rest of the categories.

For the purposes of this study, a binary variable was created using the following categories 0=monoparental and 1=biparental. The monoparental category indicated that the respondent reported to live with one parent only (step/biological mother or father). Biparental, on the other hand, indicated that the respondent lived with both biological mother/father and/or a step mother/father. Some research has demonstrated that single parent households are related to higher levels of self-derogation and depression (Caldwell et al. 2008) and are also

related to lower levels of parental emotional support (Cooper, Holman, and Braithwaite 1983).

Socioeconomic Status. The nominal variable parental educational achievement measured at Time 1 was used as a proxy for the respondents' socioeconomic status. Adolescents were asked the following question: "How far did your mother/father go in school? The response choices were as follows: i) no formal schooling, ii) some elementary, iii) graduated elementary, iv) some junior high, v) graduated junior high, vi) some high school/vocational/technical, vii) graduate high school/vocational/technical, viii) some college, ix) graduated from college, x) some post-graduate education, and xi) post-graduate degree.

For the purposes of this study, a binary variable was created, for each of the parents, containing the following categories, i) father/mother did not graduated from high school (coded as 0) and ii) father/mother graduated from high school or obtained a higher level of education (coded as 1). Afterwards, the scores of both mother and father scales were summed in order to obtain a single score in which a higher value indicated high socioeconomic status. The values of this variable ranged from 0 to 2, with a mean of 1.44 and a standard deviation of 0.68.

The majority of the sample (55%) reported that both parents graduated from high school or obtained a higher degree, whereas 11% reported that none of their parents graduated from high school, and the remaining 34% reported that at least one of their parents graduated from high school or obtained a higher degree. Although there is not specific evidence indicating a link between the self-esteem

and/or negative affect of those bearing stigmatizing characteristics with their socioeconomic status, some other studies have pointed out that socioeconomic status is related to both self-derogation (Twenge and Campbell 2002) and depression (Link, Lennon, and Dohrenwend 1993).

DATA ANALYSIS

A variety of descriptive, bivariate and multivariate regression analyses were conducted in order to address the research questions. This section presents in a detailed manner the different strategies utilized to analyzing the data.

Univariate Descriptive Analysis

Descriptive analyses were conducted in order to examine each variable's distribution and variability in the study sample. In addition to providing lower and maximum values for each of the variables under study, this analysis included means, standard deviations, as well as indicators of kurtosis and skewness. This information allowed to understand why the different variables under study perform the way they did in multivariate analysis.

As Table 1 indicates, the variables showing the largest amount of skewness and kurtosis are the deviance and deviant identity variables, whereas demographic factors, as well as emotional support measures show values close to normal. According to Lewis-Beck (1995) if skewness exceeds 0.8 in absolute value, in either direction, the distribution of the data can be said to be skewed. With regard to

kurtosis, Acock (2006) indicates that if its value is greater than 20, there may be a serious problem with the data. All variables were standardized before adding them into the multiple regression equations.

Table 1. Distribution of Study Variables

Variable	N	Range	Mean	Std. Dev	Skew	Kurt.
Deviant identity =self-derogation X depression (t ₁)	1236	0-30	2.91	4.78	2.38	6.50
Deviant identity =self-derogation X depression (t ₂)	1240	0-30	2.52	4.90	2.74	8.12
Health limitations (t ₁)	1245	0-4	0.24	0.58	2.72	7.75
Contact with authorities (t ₁)	1245	0-2	0.24	0.51	2.08	3.49
Parental deviance (cumulative risk index, (t ₁))	1245	0-6	0.57	0.93	2.12	6.02
Maternal deviance (cumulative risk index, (t ₁))	1245	0-4	0.15	0.45	2.79	9.42
Paternal deviance (cumulative risk index, (t ₁))	1245	0-4	0.36	0.67	1.96	3.92
Family incarceration (t ₁)	1245	0-1	0.17	0.37	1.74	1.04
Negative reactions from peers (t ₁)	1228	0-4	0.64	0.98	1.54	1.67
Negative reactions from teachers (t ₁)	1229	0-5	0.39	0.76	2.61	8.48
Maternal emotional support (t ₁)	1209	0-6	5.06	1.26	-1.72	2.99
Paternal emotional support (t ₁)	909	0-6	4.18	1.63	-0.93	0.23
Parental emotional support (t ₁)	1245	0-12	7.97	2.91	-0.32	-0.77
Age (t ₁)	1245	11-16	13.2	1.12	0.32	-1.26
Family structure (1=biparental)	1245	0-1	0.76	0.42	-1.20	-0.54
Parental educational achievement	1245	0-2	1.51	0.67	-1.01	-0.18
Respondent's race (1=white)	1245	0-1	0.50	0.50	0.002	-2.00
Respondent's sex (1=female)	1245	0-1	0.50	0.50	-0.01	-2.00

Table 2 presents the means and standard deviations of variables used in the study. The comparisons between the total and study sample in each group indicate that some of the means and standard deviations of the study variables changed while sample size was decreased resulting from attrition. Specifically, the means of

respondent's contact with the authorities, paternal use of marijuana, and respondent's age, were larger in the study sample compared to the total sample. This indicates that the participants who remained in the study at Time 2 might be older and reported higher levels of both official labeling, and paternal use of marijuana.

On the other hand, the means of maternal emotional support, socioeconomic status, and white race were higher in the total sample than in the study sample. This suggests that dropout respondents might have had mothers who were more emotional supportive, and parents who achieved a higher educational level than the parents of those who remained in the study. The mean of white race was also higher in the total sample in spite of this the majority of the respondents in the study sample were whites.

Comparing the study sample with the attrition sample (column 5 and 8, respectively) showed that with the exception of health limitations, stigmatization by peers, family structure, and gender, the majority of the study variables were significantly different in each group. Specifically, the results show that the mean scores on measures of maternal and paternal deviance, family incarceration, respondent's contact with authorities, stigmatization by teachers, age, and deviant identity at time 1, were significantly lower in the attrition sample, suggesting that those in the study sample were older and more deviant.

Table 2. Mean and Standard Deviations of the Variables from the Total, Study, and Attrition Samples¹

Variable	Total Sample			Study Sample			Attrition Sample		
	N	Mean	Std. Dev	N	Mean	Std. dev	N	Mean	Std. dev
Deviant identity (t ₁)	5461	2.32	4.39	1236	2.91	4.78	4225	2.14*	4.26
Health limitations (t ₁)	5510	0.22	0.59	1245	0.24	0.58	4265	0.21	0.60
Contact with authorities (t ₁)	5510	0.17	0.44	1245	0.24	0.51	4265	0.15**	0.41
Maternal deviance (t ₁)	5510	0.11	0.39	1245	0.15	0.45	4265	0.10**	0.37
Paternal deviance (t ₁)	5510	0.27	0.57	1245	0.36	0.67	4265	0.24**	0.53
Family incarceration (1=yes)	5499	0.15	0.35	1245	0.17	0.37	4258	0.14*	0.35
Negative reactions from peers (t ₁)	5408	0.60	1.00	1228	0.64	0.98	4180	0.58	1.01
Negative reactions from teachers (t ₁)	5415	0.34	0.76	1229	0.39	0.76	4186	0.33*	0.76
Maternal emotional support (t ₁)	5217	5.13	1.16	1209	5.06	1.26	4008	5.15**	1.12
Paternal emotional support (t ₁)	4086	4.21	1.68	909	4.18	1.63	3177	4.22*	1.70
Age (t ₁)	5510	12.6	1.19	1245	13.2	1.12	4265	12.5**	1.16
Family structure (1=biparental)	5359	0.76	0.42	1245	0.76	0.42	4114	0.77	0.42
Parental educational achievement	5510	1.57	0.59	1245	1.51	0.67	4265	1.60**	0.57
Respondent's race (1=white)	5495	0.59	0.49	1245	0.50	0.50	4250	0.62**	0.48
Respondent's sex (1=female)	5510	0.50	0.50	1245	0.50	0.50	4265	0.49	0.50
*p < .05 ; ** p < .01									

¹Attrition refers to when members of the sample drop out or were not re-interviewed during the course of a study (Kim, 2009). Total sample refers to the total number of participants at Time 1 that were between 11 -16 years at the time of their first interview.

The difference in age between these two groups may help to explain the significant higher levels of deviance and stigmatization reported by respondents in the study sample. The implications of attrition are discussed in the last chapter.

Correlation Analysis

Correlation analyses were conducted in order to determine the strength and direction of the relationships among the different variables analyzed in this study. Zero order correlations matrixes provide also a general picture to support the reviewed literature, and the hypotheses under study. The inter-correlations among the study variables at Time 1 for the study sample and for the attrition sample were compared in order to determine whether the pattern of inter-correlations among study variables varied within each of these two groups (Kaplan and Lin 2000).

Multiple Regression Analysis

In order to test the hypotheses addressed by this research project Ordinary Least Squares (OLS) regression analyses were conducted. OLS analysis allowed to determining the relationship between the independent variables and the dependent variable described earlier in this chapter. The use of OLS also permitted to determine both the proportion of variance explained by the different variables contained in the models, and the relative predictive importance of the independent variables.

The multiple regression equation takes the form $y = b_1x_1 + b_2x_2 + \dots + b_nx_n + c$, where:

Y = the dependent variable

b 's = the regression coefficients for the corresponding x (independent) terms,

c = the constant or intercept, and

e = the error term reflected in the residuals.

Since OLS estimations are expected to meet various assumptions (i.e. linearity, multicollinearity, normal distribution of the error term) in order for the results to be considered as unbiased, several tests were conducted to detect probable violations of these assumptions, and thus, make valid statistical inferences about the population regression equation. The outcomes of these tests are presented in Chapter V.

Mediation Analysis

Baron and Kenny (1986:1176-77) suggest that in order to determine the mediator role of a specific variable, the following criteria should be met: i) variations in levels of the dependent variable significantly account for variations in the presumed mediator, ii) variations in the mediator significantly account for variations in the dependent variable, and iii) when the relationship between the independent and the dependent variable are controlled, a previous significant

relationship between them is no longer significant. Mediation analysis uses the estimates and standard errors from the following regression equations (MacKinnon, Fairchild, and Fritz, 2007: 598):

$$Y = c X_i + e_1$$

$$M = a X_i + e_2$$

$$Y = c' X_i + b M_i + e_3$$

where:

Y = the dependent variable

X_i = the independent variable

M_i = the mediator variable

c = the relationship between the dependent and the independent variable in the first equation

c' = the parameter relating the independent variable to the dependent variable adjusting for the effects of the mediator

b = the parameter relating the mediator to the dependent variable adjusting for the effects of the independent variable

a = the parameter relating the independent variable to the mediating variable

e_1 , e_2 and e_3 = unexplained or error variability

In order to test the mediation effect of stigmatization, measured as both negative reactions from peers and negative reactions from teachers, these steps were followed: i) by performing a simple regression analysis, it was determined whether there was a significant relationship between each of the above mentioned variables and deviant identity at time 2, each variables were tested in separate models; ii) simple regression models were estimated in order to establish whether the independent variables were associated with the proposed mediators (i.e. negative reactions from peers); iii) a third simple regression analysis was estimated to determine whether after controlling by the mediator variables, the relationship between the predictors and the dependent variable was still statistically significant; and iv) Sobel tests were conducted in order to assess both whether the slopes obtained in each of the previous models were different from zero, and also, to establish whether the mediation effect was partial or complete. According to Preacher and Hayes (2004), the Sobel test increases the power of the analysis to find a mediation effect if one existed and to determine mediation with more certainty. Following the same authors, the Sobel test is aimed to determine “whether or not the total effect of X on Y is significantly reduced upon the addition of a mediator to the model” (p.720).

Moderation Analysis

Moderating effects were tested using a computational aid for SPSS called “MODPROBE”, which estimates model coefficients and standard errors for a model

estimating an outcome variable from a focal predictor variable, a proposed moderator variable, the product of the focal and predictor variable, and any additional variables used as statistical controls. Additionally, “MODPROBE” estimates the conditional effects of the focal predictor at low (one standard deviation below the mean), moderate (sample mean), and high (one standard deviation above the mean) values of the moderator variable. Moderation analysis uses the estimates and standard errors from the following regression equation (Hayes, Glynn, and Hude 2008):

$$\hat{Y} = a + b_1X + b_2M + b_3XM + \sum_{j=1}^k g_j C_j$$

where:

Y = the expected value on the outcome variable

X = the predictor of interest

M = the moderator variable

XM = the cross product of X and M

$C_j, j = 1 \text{ to } k$, represent k covariates each weighted by a partial regression coefficient g_j .

b_1 = the expected difference in Y associated with one difference unit difference in X , while holding M and the covariates constant (simple effect)

b_2 = the expected difference in Y associated with one difference unit difference in M , while holding X and the covariates constant (simple effect)

b_3 = the effect of a one-unit change in X on Y itself when M changes by one unit

As mentioned earlier in this chapter, this study aimed to test the moderator effect of parental emotional support on the relationship between deviance at time 1 and deviant identity at time 2. In order to determine whether parental emotional affected the above mentioned relationship, two steps were followed: i) centering both the predictor of interest and the moderator variable, in order increase interpretability of interaction effects; and ii) conducting a regression analysis including all control variables described earlier in this chapter. It is important to note out that the creation of an interaction term was not necessary since the “MODPROBE” computational aid creates this term automatically when the model to be analyzed is specified in the syntax. The results provided by the above mentioned statistical analyses are presented in the following chapter.

CHAPTER V

RESULTS

This chapter presents the main findings obtained by this study. The first section outlines the descriptive statistics of the independent variables, including a comparison between racial and sex groups. The second section presents the bivariate relationships between all the variables analyzed in this study for the included and the excluded participants (attrition sample). The third section presents the results of the multivariate models predicting deviant identity at Time 2. The fourth section examines the outcomes of the mediation analysis. To conclude, the fifth section presents the results of the moderation tests.

DESCRIPTIVE FINDINGS

The focus of this section is the presentation of trends and prevalence of personal deviant characteristics, specifically health limitations and official labeling, as well as rates and incidence of parental deviance, and deviant identity, in the analytic sample. In addition, this section presents the results of t-tests aimed to determine group differences according to the gender, race, age, family structure, and socioeconomic status of the participants in this study. All t-tests reported in this section were significant at levels $p < .05$ and $p < .01$ as indicated at the bottom of the table on page 106.

Personal Deviance

Personal deviance was composed by two separate indices namely health limitations, and contact with the authorities (official labeling) both were measured at Time 1. The former index ranged from 0 to 3, and the latter ranged from 0 to 2. According to the results only 17% of the sample reported suffering from any of the health limitations examined by this research. Specifically, around 13% indicated that they suffered from at least one health condition, 3% reported they suffered from two health conditions, and the remaining 1% indicated that they experienced 3 health conditions. With regard to the specific conditions endured by adolescents in this study, the results show that around 15% reported their health condition restricted the type of physical activities they could do; 2.6% of the adolescents in this sample pointed out that their health required them to stay indoors most or all day; 2.7% reported that their health restricted the amount of work they could do, and, 0.9% informed that their health required them to get help for eating, dressing, or going to the bathroom.

Further findings indicated that there were not significant differences in the number of health conditions reported according to the gender, age, family structure, and socioeconomic status of the participants. However, racial differences were found. The results of the t-tests indicated that the difference of means in health limitations between whites and non-whites was different from 0. That is, non-white adolescents were more likely to report suffering from more health conditions than their white counterparts.

Contact with the Authorities (Official Labeling)

The results of the official labeling index showed that around 20% of the adolescents reported having had contact with authorities in the twelve months previous to the interview. Specifically, 10.4% indicated they had anything to do with the police, and 13.3% reported that they were suspended or expelled from school within the last year. Most importantly, the results pointed out that around 4% of the sample reported to have had contact with both school authorities and the police.

When these findings were examined according to the participants' demographic characteristics, they revealed that the reported means of the official labeling index varied according to race, gender, age, family structure, and socioeconomic status. Non-white adolescents reported higher levels of contact with authorities than their white counterparts. Males and older children also reported higher levels of contact with authorities than females, and younger children respectively. Similar results were also found for those respondents who lived in a mono-parental family and for those whose parents did not pursue college level studies.

Parental Deviance

The parental deviance index was composed by three main indicators namely i) parental substance abuse, ii) parental health limitations, and iii) family

incarceration. In the following paragraphs the trends and differences among groups for each of the aforementioned variables are presented.

Substance Abuse. The parental substance abuse index was based on adolescents' reports of parental substance abuse, particularly alcohol and drugs. According to the results, 27% of the children in the analytic sample reported parental abuse of alcohol and/or drugs. Specifically, 21% reported parental alcohol abuse, followed by 8.3% who reported parental use marijuana and/or other illegal drugs. Only 5% of the children indicated that their parents abused both alcohol and drugs. With regard to the sex of the parents, according to respondents' reports, fathers tended to use more alcohol (21%) as opposed to mothers (7%) and they also were reported to use more drugs (7%) than mothers (3%).

In addition, the t-test results indicated that there were some variations according to the demographic characteristics of the sample. Children aged 13 years old and older were more likely to report parental substance abuse than their younger counterparts. Similarly, those who lived in a mono-parental family and whose parents did not achieve a high school education also reported parental substance abuse in higher levels than those who lived in a biparental household, and whose parents were well educated respectively. However, no differences were found between the parental substance abuse reports provided by males and females, and whites and non-whites.

Parental Health Limitations. The parental health limitation variable was based on i) adolescents' reports of their parents' disability, and on ii) parents' self-

reports about their own health conditions. With regard to the former, only 3.6% of the parents were reported as disabled at the time of the interview. From the total percentage of parental disability, the results indicate that around 2% were males, and the remaining 1.6%, were females. Only 0.1% of the sample reported having both parents bearing disability at the time of the interview.

The t-tests indicated that those living in a mono-parental family reported more parental disability than those who lived with both parents. Also, non-whites reported slightly more parental disability than their white counterparts. No differences were found with regard to the gender, age, and socioeconomic status of the respondents.

Additional results provided by the parents on their own health conditions, indicated that around 23% of them experienced some health limitations; from these 16% were females and the remaining 7% were males. Some of the conditions experienced, according to the parents, were as follows, i) limitations on the kind of activities they could do (20%); ii) limitations in the amount of work they could do (10%) and requiring help for eating, dressing and bathing (1%). The disparity between adolescents' reports and parents of their own health conditions was due to the fact that not all adolescents were asked the question assessing parental disability. Parents, on the other hand, were asked all questions regarding their health status at the time of their last interview (see Methods Chapter for details).

Afterwards, separate indexes were developed for both mothers and fathers. Both indexes ranged from 0 to 4. The maternal deviance rate was 18% whereas the

paternal deviance rate was 28%. This difference was found to be statistically significant, indicating that in the analytic sample, fathers were reported to engage in more deviant behavior and/or to experience more health limitations than mothers.

Further tests indicated that white children reported higher levels of maternal deviance than non-whites, however, no significant differences were found in the paternal deviance levels reported by these groups. In addition, children aged 13 and older reported higher rates of both maternal and paternal deviance, than their younger counterparts. Similarly, those children coming from low-socioeconomic status households reported higher levels of both maternal and paternal deviance, than high socioeconomic status children; but not more than medium socioeconomic status respondents. Neither the maternal or paternal deviance indices varied according to the gender of the respondents.

Family Incarceration. The family incarceration variable was based on one single item indicating whether any of the members of the respondent's family had been incarcerated within the last twelve months. According to the findings 17% of the sample responded affirmatively to this question. Further results revealed that the differences between the family incarceration rates reported by males and females were not statistically significant. However, according to the t-test results, the family incarceration rate did vary according to race, family structure, age, and socioeconomic status.

Specifically, non-white adolescents reported higher levels of family incarceration than whites. Similarly, those who were aged 13 or older were more likely to report that any of their family members was in jail. Those who lived in a mono-parental household, and whose parents did not achieve a high school diploma or higher, reported also higher levels of family incarceration than those who lived with both parents, and whose parents were well educated, respectively.

In summary, the results revealed that there were some differences in the reported levels of both personal and the parental deviance. Non-whites in this sample reported higher levels of official labeling, parental disability, and family incarceration, than were their white counterparts. Similarly, those adolescents who lived with only one of their parents, reported higher rates of official labeling, parental substance abuse, parental disability, and family incarceration, than those who lived with both parents. Finally, low socioeconomic status children reported higher levels of official labeling, parental substance abuse, and family incarceration, than medium and high socioeconomic status respondents.

Deviant Identity. This variable was measured at both, Time 1 and Time 2. The values for both deviant identity variables (t_1 and t_2) ranged from 0 to 30. The mean of deviant identity at Time 1 was 2.91 whereas the mean of deviant identity at Time 2 was 2.52. T-tests indicated that the difference between both variables was statistically significant. That is, the levels of deviant identity at Time 1 were higher than those reported at Time 2.

Further findings showed that 52% of the sample scored above zero at Time 1 whereas 42.5% scored above zero at Time 2. Also the results of the T-tests revealed that deviant identity at both Time 1 and Time 2 was not statistically different in terms of age, family structure, socioeconomic status, and gender. However, white adolescents reported significantly higher levels of deviant identity than their non-white counterparts at Time 2 but not at Time 1.

Stigmatization. The stigmatization variable was based on two observed indicators, i) negative reactions by peers, and ii) negative reactions by teachers. The former ranged from 0 to 4, and the latter from 0 to 5. Both variables were measured at Time 1. For the former variable, 39% of the respondents perceived negative sanctions from their peers. Specifically, 25% of the respondents did not feel that they were good at the kinds of things the kids at school think were important, followed by 15% of the sample indicating that more often than not they felt put down by the kids at school. In regard to stigmatization by teachers, 28% of the respondents indicated their perception of being rejected by them. Perceptions such as teachers showing disinterest in what students said or did (16%), not feeling happy at school (13%) and feeling disliked by teachers (4%), were the most frequently reported.

Males reported significantly higher levels of rejection by both peers and teachers compared to their female counterparts. Non-whites reported significantly higher rates of teachers' rejection than whites. However, perceived peer rejection rates did not differ between these groups. Those children aged 13 and younger

reported significantly higher levels of perceived peer rejection, than their older counterparts. However, reported levels of perceived teachers' rejection were not found to be significantly different between these groups. Finally, the perception of being rejected by peers and by teachers did not vary according to the family structure and socioeconomic status of the respondents.

Parental Emotional Support. This variable was measured at Time 1, its values ranged from 0-12. Additional indexes for both mothers and fathers ranging from 0 to 6 were constructed. According to the findings, 99% of the sample scored above 0 on the maternal emotional support scale, while 95% scored above 0 on the paternal emotional support scale. These findings indicate that the majority of the respondents perceived emotional support from their parents at some level. The mean score for the maternal emotional support scale was 8.43 while for the paternal emotional support was 6.97. These differences were found to be statistically significant, indicating that in this sample maternal emotional support was stronger than paternal emotional support. With regard to the types of emotional support, 65% of the mothers and 45% of the fathers were reported to openly show affection for their children.

Children aged 13 and younger reported significantly higher rates of both maternal and paternal emotional support than their older counterparts. Males reported higher paternal emotional support rates than females, but in turn females reported higher levels of maternal emotional support than males. High socioeconomic status children perceived more maternal, but not paternal,

emotional support than their low socioeconomic status peers. Indeed, paternal emotional support did not vary according to the socioeconomic status of the participants in this study. Both whites and non-whites reported similar levels of emotional support from both parents.

In short, the descriptive findings presented in this section provided a general view of the distribution and trends of each of the variables used in this study. When examining the trends of the predictors (i.e. parental deviance) it was noticeable that race was an important factor affecting the distribution of these variables. Nonetheless, when analyzing the rates and distribution of the dependent variable, deviant identity (t_2), as well as the mediators (i.e. stigmatization by peers) and proposed moderator variable, the results of the t-tests indicated that the differences did not vary by race in all cases. As a matter of fact racial differences were found only for the dependent variable deviant identity (t_2), and for the stigmatization by teachers variable (one of the proposed mediators). Also, it is noteworthy that younger children in this sample reported significantly higher rates of peer rejection, as well as higher levels of parental emotional support than their older counterparts. Table 3 presents a summary of these findings.

Table 3. Mean of the Variables from Study Sample, and for Gender and Racial Subgroups

	Study sample			Whites		Non-whites		Males		Females	
	n	Mean	n	mean	N	mean	N	N	Mean	n	mean
Health limitations (t ₁)	1245	.24	622	.18	623	.31**	619	619	.25	626	.24
Official labeling (t ₁)	1245	.24	622	.16	623	.31*	619	619	.32**	626	.16
Maternal deviance (t ₁)	1245	.21	622	.30*	623	.22	619	619	.24	626	.27
Paternal deviance (t ₁)	1245	.36	622	.59	623	.55	619	619	.56	626	.57
Family incarceration (t ₁)	1241	.17	621	.09	620	.25**	617	617	.17	624	.18
Deviant identity (t ₁)	1236	2.91	619	2.80	617	3.01	613	613	2.90	623	2.92
Deviant identity (t ₂)	1240	2.52	619	2.63	621	2.41	616	616	2.51	624	2.54
Negative reactions by teachers (t ₁)	1229	.39	611	.33	618	.44**	610	610	.44**	619	.33
Negative reactions by peers (t ₁)	1228	.64	611	.65	617	.64	610	610	.73**	618	.56
Maternal emotional support (t ₁)	1209	5.06	602	8.47	607	8.39	597	597	8.15	612	8.71*
Paternal emotional support (t ₁)	909	4.18	524	7.01	385	6.92	463	463	7.22*	446	6.71

Note: means were significant at ** p < .05 * p < .01

BIVARIATE ANALYSIS

This section presents zero-order correlations between all variables included in the analysis. As indicated at the bottom of the next table the zero-order correlations reported in this section were significant at levels $p < .05$, or $p < .01$ (two-tailed test). Table 4 presents correlations between study variables for both the study and the attrition samples.

Only six variables were found to be significantly associated with the dependent variable deviant identity (t_2), namely, maternal alcohol abuse, family incarceration, respondent's contact with authorities, maternal and paternal emotional support, and deviant identity, all of them were measured at Time 1. Eight variables were associated with deviant identity (t_1) namely, maternal and paternal alcohol abuse, maternal and paternal emotional support, respondent's contact with authorities, family incarceration, socioeconomic status, and respondent's health limitations. It is noteworthy that both the paternal abuse of alcohol and the respondents' health limitations variables were not found to be significantly associated with deviant identity at Time 2.

Paternal abuse of alcohol was related with maternal abuse of alcohol. Alcohol abuse was associated with the consumption of marijuana, and other illegal drugs, for both mothers and fathers. Moreover, parental deviant behavior (i.e. alcohol/drug abuse) was strongly related to both family incarceration and respondent's contact with authorities.

Finally, paternal emotional support was positively related to maternal emotional support, and negatively associated with family incarceration, and drug abuse. Both maternal and paternal support, were found to be negatively related to respondent's contact with authorities, and deviant identity (t_1).

In comparing these results with those of the attrition sample, it was noteworthy that deviant identity at Time 1 was associated with a larger number of variables. Specifically, bivariate findings indicated that deviant identity at Time 1, in the study sample was correlated with eight variables, whereas in the attrition sample it was associated with sixteen variables.

In general, there were 122 significant correlations in the attrition sample as opposed to 82 significant correlations in the study sample. Particularly, there were 4 significant correlations in the study sample that did not reach statistical significance in the attrition sample. In contrast, there were 40 correlations that were statistically significant in the attrition sample that were not significant in the study sample. Correlation coefficients between the major study variables in both attrition and study samples were in the expected direction.

Zero order correlations between deviant identity at Time 1 and use of marijuana by both mothers and fathers, use of other illegal drugs by mothers, and official labeling, were positively and significantly correlated in the attrition sample, however, such correlations were not significant in the study sample. In addition, the maternal emotional support variable was associated with twice the number of variables in the attrition sample. The paternal emotional support variable was

related with nine variables in the study sample, as opposed to being associated with twelve variables in the attrition sample. The differences in both cases refer to negative associations with parental deviance indicators that were not significant in the study sample. Since the attrition analyses showed in the Methods Chapter indicated that excluded respondents were significantly younger and less deviant than those in the study sample, it seems reasonable to argue that the large amount of significant correlation coefficients among the study variables in the attrition sample may be due to the age of the participants in this group. As the correlation analysis showed, age was positively related with parental and personal deviance, as well as with family incarceration. That is, as age increased, reports of paternal and personal deviance, and family incarceration, also increased. Results of bivariate analysis are presented in Table 4. The implications of these findings are discussed in Chapter VII.

Table 4. Pearson Product-moment Correlations between Study Variables for the Study and Attrition Samples

	1	2	3	4	5	6	7	8	9	10
1. Deviant identity (t_2)	1	--	--	--	--	--	--	--	--	--
2. Deviant identity (t_1)	.310**		.099**	.083**	.086**	.052**	.118**	.111**	.032*	.016
3. Mother used marijuana (t_1)	.016	.033	1	.415**	.249**	.249**	.256**	.135**	-.014	.021
4. Father used marijuana (t_1)	.013	.052	.428**	1	.172**	.427**	.194**	.239**	.033*	.024
5. Mother used other illegal drugs (t_1)	.036	.038	.941**	.419**	1	.294**	.232**	.083**	-.011	.019
6. Father used other illegal drugs (t_1)	.033	.036	.393**	.933**	.417**	1	.160**	.166**	.035*	-.007
7. Mother used alcohol (t_1)	.133**	.103**	.152**	.128**	.126**	.112**	1	.266**	.011	.008
8. Father used alcohol (t_1)	.029	.102**	.121**	.264**	.118**	.266**	.276**	1	.045**	.044**
9. Maternal health issues	.032	.021	-.003	.038	-.013	.019	.008	.002	1	.054**
10. Paternal health issues	.029	.082	-.011	.015	-.020	-.007	.043	.000	.043	1
11. Respondent's health limitations (t_1)	.049	.121**	.014	.034	.025	.030	.002	.022	.045	.064*
12. Respondent's contact with authorities	.113**	.135*	.159**	.131**	.158**	.161**	.062*	.131**	-.006	.014
13. Family incarceration	.113**	.067*	.045	.095**	.045	.116**	.124**	.072*	.059*	.048
14. Respondent is a female	.003	.003	.000	.022	.010	.002	.034	.001	.006	.057*
15. Respondent is white	.022	-.022	.094**	.063*	.098**	.044	-.009	.010	-.060*	.076**
16. Respondent lives in a biparental family	-.017	-.047	.033	.042	.050	.057*	-.033	-.045	-.124**	.031
17. Participant's age (t_1)	.025	.019	.049	.113**	.049	.109**	.019	.063*	.003	.081**
18. Socioeconomic status	-.033	.101**	.063*	.078**	.068*	.087**	-.081**	.112**	-.032	.045
19. Maternal emotional support (t_1)	-.093**	-.212**	.032	.042	.027	.026	-.047	.034	-.027	.022
20. Paternal emotional support (t_1)	-.091**	-.205**	.039	.144**	.052	.136**	.013	.095**	.024	.006

Note: * $p < .05$ ** $p < .01$ (Two-tailed test) Highlighted coefficients refer to the attrition sample

Table 4 (cont.)

	11	12	13	14	15	16	17	18	19	20
1. Deviant identity (t_2)	.122**	.165**	.093**	-.009	-.041**	-.063**	-.079**	-.084**	-.146**	-.133**
2. Deviant identity (t_1)										
3. Mother used marijuana (t_1)	.016	.132**	.100**	-.021	-.005	-.101*	.121*	-.057*	-.040*	-.046*
4. Father used marijuana (t_1)	.005	.122*	.115*	.009	-.025	-.086*	.141**	-.094*	-.052*	-.083*
5. Mother used other illegal drugs (t_1)	.026	.096*	.072**	-.005	.024	-.083*	.062**	-.040*	-.022	-.003
6. Father used other illegal drugs (t_1)	.003	.045*	.104**	-.020	-.015	-.073*	.073**	-.050*	-.042*	-.066*
7. Mother used alcohol (t_1)	.044**	.136**	.085**	-.024	-.015	-.085*	.089**	-.104*	-.051*	-.024
8. Father used alcohol (t_1)	.049**	.161**	.137**	-.052*	-.070*	-.074	.115**	-.138*	-.071*	-.157*
9. Maternal health issues	-.003	.050**	.056*	.004	-.061*	-.074*	.043**	-.072*	.013	-.004
10. Paternal health issues	.005	.021	.038**	-.007	-.055*	-.028	.042**	-.099*	-.003	-.022
11. Respondent's health limitations (t_1)	1	.061**	.073**	.010	-.078*	-.053*	.014	-.075*	-.012	-.062*
12. Respondent's contact with authorities	.082*	1	.195**	-.176*	-.166*	-.132*	.228**	-.146*	-.145*	-.122*
13. Family incarceration	.048	.181**	1	-.014	-.273*	-.139*	.118*	-.176*	-.096*	-.106*
14. Respondent is a female	-.006	-.159**	.017	1	-.011	.004	.017	-.006	.122*	.030
15. Respondent is white	-.112**	-.153**	-.220**	-.022	1	.207*	-.124*	.210*	.087*	.099**
16. Respondent lives in a biparental family	-.022	-.098*	-.123**	-.032	.208**	1	-.088*	.247**	.013	-.025
17. Participant's age (t_1)	.045	.161**	.085**	.026	-.102**	-.093**	1	-.114*	-.060*	-.108*
18. Socioeconomic status	-.018	-.149**	-.152**	-.029	.100**	.139**	-.095**	1	.093*	.113**
19. Maternal emotional support (t_1)	-.067*	-.127**	-.049	.132**	.018	-.025	-.117**	.060*	1	.530*
20. Paternal emotional support (t_1)	-.057	-.140**	-.117**	-.094*	.017	-.055	-.174**	.058	.461**	1

Note: * $p < .05$ ** $p < .01$ (Two-tailed test) Highlighted coefficients refer to the attrition sample

MULTIVARIATE FINDINGS

This section presents the outcomes of regression analyses examining the association between deviance (t_1) and deviant identity (t_2). In the first set of analysis, all deviance related factors were included as predictors of deviant identity (t_2). In the second set of regression equations, participants' demographic characteristics (e.g. gender, race) were included.

The Relationship between Deviance (t_1) and Deviant Identity (t_2)

The OLS regression results assessed the relationship between deviance at Time 1 and changes in deviant identity over time, with other antecedent variables held constant.

Model 1 in Table 5 shows the relationship between possessing personal deviant characteristics, such as health limitations and contact with authorities at Time1 and deviant identity (t_2). This model was a rather poor fit ($R^2_{adj} = 0.01$), but the overall relationship was significant ($F_{2, 1237} = 8.99, p < .001$), showing that official labeling (i.e. respondent's contact with authorities) had a significant and positive effect on deviant identity (t_2) ($b = .105, p < .001$), holding constant the effect of health limitations. Moreover, the results indicate that the effect of official labeling remained essentially unchanged with the introduction of the family deviance, demographic characteristics, and deviant identity (t_1) variables, in the subsequent regression equations. The effect of health limitations, on the other hand, was also

positive, however it did not reach statistical significance ($b=.338$, $p > .10$) with a two tailed test.

The maternal and paternal deviance indices, and the family incarceration variable, all of which were measures of courtesy stigma, were added to Model 2. Similarly to the previous model the fit was rather poor ($R^2_{adj}=0.01$), but again the overall relationship was significant ($F_{3, 1232} = 6.88$, $p < .001$). Hence, with other variables held constant, deviant identity (t_2) was positively predicted by maternal deviance and family incarceration, increasing by .464 units ($p < .05$) when maternal deviance increases, and by 1.37 units ($p < .001$) when respondents had a family member in jail. Only the effect of paternal deviance was not quite statistically significant ($b = .020$, $p > .10$) with a two-tailed test.

In Model 3, all deviance variables were included in the regression equation. The fit of the model was rather poor ($R^2_{adj}=0.02$), however, the overall relationship was significant ($F_{5, 1230} = 6.57$, $p < .001$). Thus, this model indicated that net of the effect of other variables deviant identity (t_2) was positively associated with respondent's contact with the authorities, and family incarceration. Specifically, the results revealed that having had contact with the authorities increased deviant identity (t_2) by .871 units ($p < .01$). Similarly, having had a family member in jail increased deviant identity (t_2) by 1.16 units ($p < .01$). It is noteworthy that the effect of maternal deviance became marginally significant when personal deviance characteristics were added into the regression equation ($b=.100$, $p < .10$). Further tests indicated that the relationship between maternal deviance and deviant

identity at Time 2 became insignificant when contact with authorities was added into the model. This seems to indicate that this latter mediated the effect of maternal deviance on deviant identity at Time 2.

Table 5. Regression Models Predicting Deviant Identity (t_2)

	Model 1	Model 2	Model 3	Model 4
Respondent's health limitations (t_1)	.338 (.238)	--	.310 (.238)	.112 (.227)
Respondent's contact with authorities (t_1)	1.05*** (.273)	--	.871** (.280)	.768** (.276)
Maternal deviance (t_1)	--	.464* (.233)	.423+ (.232)	.256 (.222)
Paternal deviance (t_1)	--	.020 (.179)	-.046 (.180)	-.110 (.172)
Family incarceration (t_1)	--	1.37*** (.372)	1.16** (.375)	1.15** (.365)
Respondent is a female (1=yes)	--	--	--	.217 (.266)
Respondent is white (1=yes)	--	--	--	.513+ (.278)
Respondent lives in a biparental family (1=yes)	--	--	--	-.053 (.318)
Respondent's age (t_1)	--	--	--	-.173 (.119)
Respondent's socioeconomic status	--	--	--	.159 (.202)
Deviant identity (t_1)	--	--	--	.298*** (.028)
Constant	2.19***	2.16***	1.96***	2.92+
F statistic	F(2,1237) 8.99***	F(3,1232) 6.88***	F(5,1230) 6.57***	F(11,1226) 14.47***
R-squared (adj)	0.01	0.01	0.02	0.11
N	1240	1236	1235	1226

Note: +p < .10 * p < .05 ** p < .01 *** p < .001 ; Two-tailed test, Standard errors are shown in parentheses

In Model 4 race, age, gender, family structure, socioeconomic status, and deviant identity (t_1) were included. The fit of the model increased ($R^2_{adj}=0.11$) and the overall relationship was significant ($F_{11, 1215} = 14.47, p < .001$). The findings revealed that holding the value of the other variables constant, deviant identity (t_2) was positively associated with deviant identity at time 1, contact with authorities and family incarceration. Deviant identity (t_2) increased by .226 units ($p < .01$) when respondents have had contact with authorities, and by .324 units ($p < .01$) when they have had family members in jail. Results are presented in Table 5.

Whites tended to have higher levels of deviant identity (t_2) than their non-white counterparts by .513 units ($p < .10$). Also, deviant identity (t_2) increased by .298 ($p < .001$) for every unit of deviant identity at Time 1. That is, all things being equal, high levels of deviant identity at Time 1 predicted higher levels of deviant identity at Time 2.

Model 4 revealed also that the effects of both official labeling and family incarceration became stronger with the addition of demographic characteristics and deviant identity (t_1) into the multiple regression equation. Specifically, the effect of family incarceration remained significant even when personal deviance variables, deviant identity (t_1), and demographic characteristics were added into the regression equation. Finally, although the descriptive findings indicated significantly higher levels of paternal deviance as opposed to maternal deviance, the effect of the former did not reach statistical significance in any of the models.

That is, paternal deviance did not have a significant effect on deviant identity at either Time 1 or Time 2 in the study sample.

In summary, the multivariate findings indicate that with other variables held constant, deviant identity (t_2) was positively related to respondent's contact with authorities (official labeling), family incarceration, white race, and deviant identity (t_1). Additionally, the results showed that all things being equal deviant identity (t_2) was negatively related to the age (t_1) of the participants.

MEDIATION ANALYSIS

To test the hypothesis that stigmatization would mediate the association between deviance (t_1) and deviant identity (t_2), a causal step approach to illustrate mediation (Baron and Kenny 1986) for each proposed pathway was conducted. First, regression models were estimated in order to determine the empirical relationship between the predictors of deviance (t_1), and the dependent variable, deviant identity (t_2). Second, the empirical association between deviance and stigmatization was verified. Third, regression analyses were conducted to assess the relationship between stigmatization and deviant identity (t_2), controlling for deviance (t_1). Finally, when a mediation effect was determined, the Sobel test was used to determine whether the effect of deviance (personal and parental) on deviant identity (t_2) was significantly mediated by stigmatization by teachers and by peers (Preacher and Hayes 2004).

Personal Deviance

Two indicators of personal deviance were used, namely health limitations and personal contact with authorities (official labeling) both were measured at Time 1. Similarly, stigmatization was composed of two variables, rejection by peers and rejection by teachers. Separate models were estimated for each of the variables included in the personal deviance index.

Health Limitations. With regard to health limitations (t_1), the results revealed that it was not significantly associated with deviant identity (t_2) ($b = .415$, $p > .10$). However, health limitations (t_1) was significantly associated with both perceived rejection by teachers ($b = .104$, $p < .01$), and by peers ($b = .175$, $p < .001$). Further regression analyses also revealed significant relationships between rejection by teachers and deviant identity (t_2), ($b = .750$, $p < .001$), and rejection by peers and deviant identity (t_2), ($b = .474$, $p < .001$), net of the effect of health limitations (t_1). However, the mediation model did not reach statistical significance ($p > .10$). Additionally, further results indicated that none of the four indicators of health limitations was significantly associated with deviant identity (t_2), although all four of them were positively associated with stigmatization by both teachers and peers.

Personal Contact with Authorities. Personal contact with authorities was significantly associated with deviant identity (t_2) ($b = 1.08$, $p < .001$). In addition, the linkage between contact with authorities and rejection by teachers was statistically significant ($b = .268$, $p < .001$). The relationship between contact with authorities

(t_1) and deviant identity (t_2) was partially mediated by negative reactions by teachers. When rejection by teachers was entered into the equation, the relationship between contact with authorities and deviant identity (t_2) was significantly reduced in size ($b=.913$, $p < .001$) but was still significant. The percentage decrease in the coefficient was 0.15. Additionally, the results of the Sobel test indicated that rejection by teachers partially mediated the relationship between contact with authorities and deviant identity at Time 2 ($Z=2.96$, $p < .001$). Figure 3 illustrates this mediating effect.

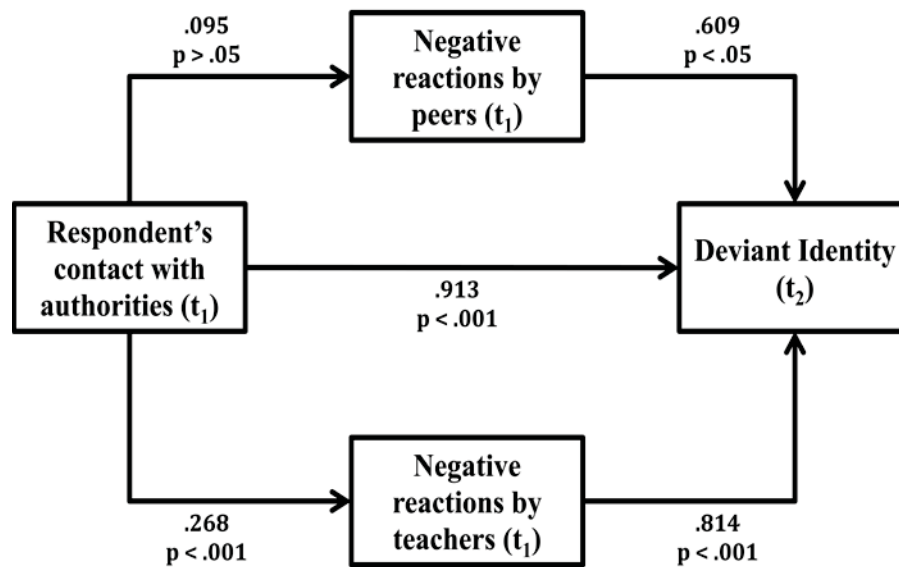


Figure 3. Mediating Effect of Stigmatization on the Relationship between Personal Contact with Authorities (t_1) and Deviant Identity (t_2)

With regard to the effect of the perceived rejection by peers variable, the association between personal contact with authorities and rejection by peers was not statistically significant ($b=.095$, $p > .05$), further, stigmatization by peers did not mediate the relationship between respondent's contact with authorities (t_1) and deviant identity at Time 2 in the study sample.

Further analyses using each of the contact with authorities measures as separate factors (e.g. contact with the police) confirmed the mediator role of stigmatization by teachers for both contact with the police ($Z= 3.36$, $p < .001$) and school suspension/expulsion ($Z=3.41$, $p < .001$). In addition, the results revealed that negative reactions by peers was not associated with respondent's contact with the police ($b= .015$, $p > .10$), but it was related to school suspension/expulsion ($b=.198$, $p < .05$). Further tests confirmed that stigmatization by peers did not significantly mediate the relationship between school suspension/expulsion (t_1) and deviant identity (t_2) ($Z=1.52$ $p > .10$).

Parental Deviance. With regard to parental deviance, separate models were estimated using the maternal and paternal deviance indices. The first regression model indicated a significant relationship between maternal deviance (t_1) and deviant identity (t_2) ($b= .571$, $p < .05$). Subsequent analysis revealed that maternal deviance was not significantly associated with either negative reactions by teachers ($b=.030$, $p > .10$) or by peers ($b=.064$, $p > .10$). In addition, subsequent mediation models confirmed that the relationship between maternal deviance and deviant identity (t_2) was not significantly mediated by stigmatization ($p > .10$).

On the other hand, the relationship between paternal deviance (t_1) and deviant identity (t_2) was not found to be statistically significant ($b=.203$, $p > .10$). However, regression analyses revealed that paternal deviance (t_1) did predict rejection by teachers ($b=.069$, $p < .01$), but did not predict rejection by peers ($b=.031$, $p > .10$). Further analyses revealed that out of the four indicators of parental deviance, fathers' substance abuse was associated with stigmatization by teachers ($b=.121$, $p < .01$) but not by peers ($b=.049$, $p > .10$). Although none of the stigmatization variables was found to be a successful mediator of any of the parental deviance variables ($p > .10$), it is noteworthy that, as expected, substance abuse was significantly related to perceived rejection by teachers with a one-tailed test in the predicted direction.

Family Incarceration. Preliminary regression analysis indicated a positively significant association between family incarceration (t_1) and deviant identity (t_2) ($b=1.47$, $p < .001$). However, family incarceration did not predict either perceived negative reactions by teachers ($b=.086$, $p > .10$) or by peers ($b=.012$, $p > .10$). Additional findings revealed that the relationship between family incarceration (t_1) and deviant identity (t_2) was not mediated by teachers and peers stigmatization ($p > .10$). Family incarceration (t_1) had a direct effect on deviant identity (t_2) net of the effect of negative reactions by both teachers and peers.

In summary, mediation analyses indicated that perceived stigmatization by teachers was the only mediator among those examined on the relationship between personal contact with authorities (t_1) and deviant identity (t_2). Additional deviance

variables such as maternal deviance, and family incarceration were found to have an independent effect on deviant identity (t_2), stigmatization by others (peers, and teachers) did not mediate this relationship. Finally, the results revealed that both personal health limitations and paternal deviance (t_1) were not associated with deviant identity (t_2). However, both of them were statistically related with stigmatization by teachers, in the predicted direction, but were not related with stigmatization by peers.

MODERATION ANALYSIS

Moderating analyses were estimated to test the central hypothesis of this study that the relationship between deviance (t_1) and deviant identity (t_2) was moderated by parental emotional support (t_1). That is, it was expected that parental emotional support would alter the strength of this relationship. Note that unlike mediation, moderation analysis does not require the predictor and the moderator variable to be correlated. A moderation effect exists when the product term of the independent variable and the moderator is statistically significant (Baron and Kenny 1986).

In order to provide a general picture of the moderating effects of parental emotional support, separate models were estimated using the maternal support index, paternal support index, and the parental support index. Moderating effects were tested by including the product of the independent variable and the moderator as an additional predictor in the model.

Additionally, although they are not presented in any of the following tables, all control variables were included in the interaction models. Finally, when an interaction was found it was further probed to better understand the conditions (i.e. low/high) under which the relationship between the predictor and the dependent variable was strong versus weak (Hayes and Matthes 2009: 924).

Personal Deviance

The first set of interaction models examined the hypothesis that the relationship between health limitations (t_1) and deviant identity (t_2) would be moderated by parental emotional support (t_1) net of the effect of control variables in the model. Table 6 presents the results of the interaction models.

The results of Model 1, indicated that all things being equal, the relationship between health limitations (t_1) and deviant identity (t_2) was not contingent upon parental emotional support (t_1) ($b=.011$, $p >.10$). That is, contrary to what was expected, the effect of health limitations at Time 1 on deviant identity at Time 2 was not buffered by parental emotional support. Similarly, Model 3 showed that the effect of health limitations at Time 1 on deviant identity at Time 2 did not depend upon emotional support by fathers ($b= .012$, $p >.10$).

Model 2, on the other hand, revealed that all things being equal, maternal emotional support (t_1) moderated (although the effect was marginally significant) the relationship between health limitations and deviant identity (t_2) ($b=.017$, $p < .10$). However, contrary to what was expected, the direction of the interaction was

positive, indicating that those adolescents suffering from health limitations, who perceived their mothers as emotionally supportive, reported higher levels of deviant identity (t_2). Specifically, further tests revealed that under conditions of high maternal emotional support (one standard deviation above the mean), the estimated effect of health limitations on deviant identity (t_2) increased by .844 units ($p < .05$). No significant effects were found under conditions of low or medium maternal emotional support. Figure 4 illustrates these findings.

Table 6. Moderating Effect of Parental Emotional Support on the Relationship between Health Limitations (t_1) and Deviant Identity (t_2)

	Model 1	Model 2	Model 3
Health limitations (t_1)	-.283 (.627)	-1.03 (.810)	-.534 (.731)
Parental emotional support (t_1)	-.028*** (.007)	--	--
Maternal emotional support (t_1)	--	-.026*** (.007)	--
Paternal emotional support (t_1)	--	--	-.022 (.006)
Health limitations X parental emotional support	.011 (.009)	--	--
Health limitations X maternal emotional support	--	.017: + (.009)	--
Health limitations X paternal emotional support	--	--	.012 (.010)
Constant	6.69** (1.83)	6.66 (1.87)	9.93 (2.47)
F statistic	F _(8, 1231) 2.75 ⁺	F _(8, 1195) 2.52*	F _(8, 896) 2.71 ⁺
R ² (adjusted)	.017	.016	.023
N	1240	1204	905

Note: ⁺p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses

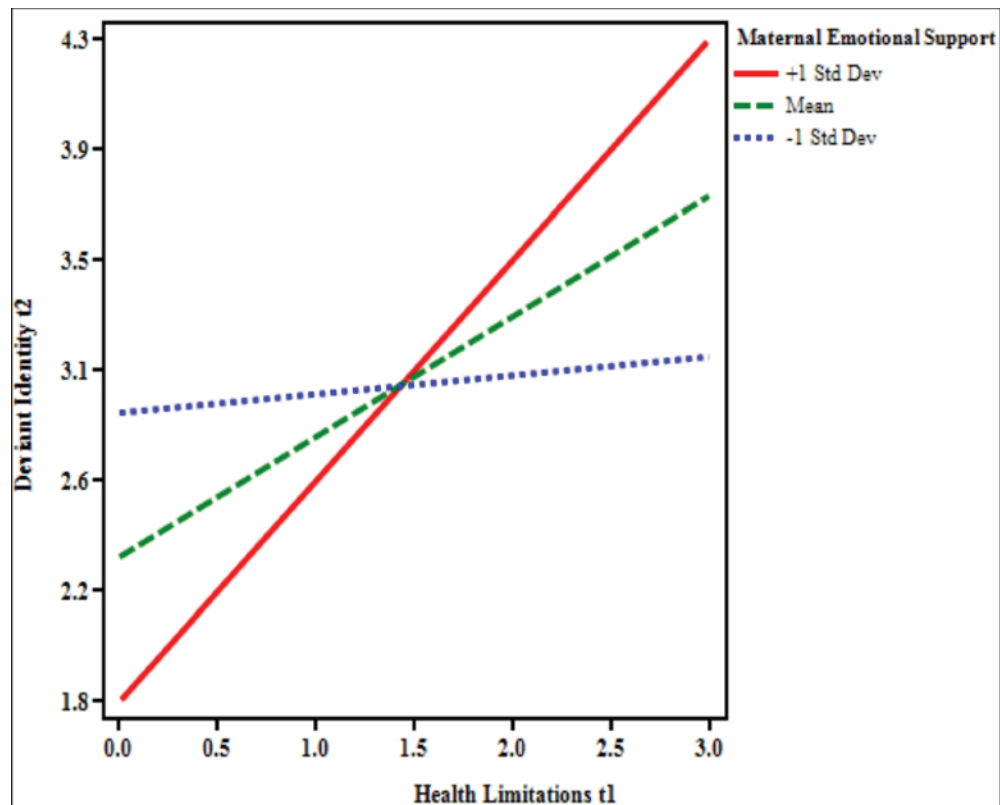


Figure 4. Moderating Effect of Maternal Emotional Support on the Relationship between Health Limitations (t_1) and Deviant Identity (t_2)

Further models examining each of the four indicators of health limitations separately revealed a positive significant interaction between suffering from a health condition that required adolescents to get help eating, dressing, bathing or going to the bathroom, and maternal emotional support ($b=.049$, $p < .05$). Specifically, contrary to what was hypothesized, when maternal emotional support was high, the estimated effect of this health condition on deviant identity (t_2) increased by 6.84 units ($p < .05$). When maternal support was low the estimated effect did not reach statistical significance ($b=4.75$, $p > .10$).

Similarly, the findings indicated a significant interaction between suffering from a health condition that limited the kind of physical activities that can be done and maternal emotional support ($b=.040$, $p < .05$). Once again, the interaction term was positive at the high level, indicating that the effect of this health limitation on deviant identity (t_2) under conditions of high maternal support increased by 1.01 units ($p < .05$). Again, under conditions of low maternal emotional support the effect was not statistically significant. Additional analyses failed to find significant interactions for the two remaining health conditions, namely, staying indoors most or all day, and being unable to do certain kind or amount of work.

In short, these results suggest that, the relationship between health limitations and deviant identity (t_2) was moderated by maternal but not paternal emotional support. However, contrary to what was expected, the emotional support provided by mothers tended to intensify as oppose to decrease the effect of bearing health limitations on the deviant identity (t_2) of their children.

Respondent's Contact with Authorities

A second set of interaction models examined the hypothesis that the relationship between contact with authorities (t_1) and deviant identity (t_2) would depend upon parental emotional support (t_1) net of the effect of gender, racial group, socioeconomic status, age, and family structure. Three regression models were estimated using the maternal, paternal and parental emotional support indices. The results are presented in Table 7.

Model 1, examined the moderating effect of parental emotional support. The results indicated that other things being equal, the effect of the respondent's contact with authorities was not buffered by parental emotional support ($b = -.005$, $p > .10$). Both Model 2 and 3, showed similar results, thus suggesting that neither maternal ($b = .006$, $p > .10$) nor paternal emotional support ($b = -.013$, $p > .10$) moderated the effect of respondent's contact with the authorities on deviant identity at Time 2.

Table 7. Moderating Effect of Parental Emotional Support on the Relationship between Respondent's Contact with Authorities (t_1) and Deviant Identity (t_2)

	Model 1	Model 2	Model 3
Respondent's contact with authorities (t_1)	1.44 (.698)	.674 (.874)	1.61+ (.828)
Parental emotional support (t_1)	-.022 (.007)	--	--
Maternal emotional support (t_1)	--	-.022* (.007)	--
Paternal emotional support (t_1)	--	--	-.013+ (.007)
Respondent's contact with authorities X parental emotional support	-.005 (.010)	--	--
Respondent's contact with authorities X maternal emotional support	--	.006 (.010)	--
Respondent's contact with authorities X paternal emotional support	--	--	-.013 (.011)
Constant	6.49** (1.82)	6.67** (1.88)	9.46*** (2.47)
F statistic	F (8, 1231) 4.17***	F (8, 1194) 3.97***	F (8, 896) 3.20**
R ² (adjusted)	.026	.025	.027
N	1240	1204	905

Note: + $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$; Standard errors are shown in parentheses

However, additional regression models using each of the indicators of contact with authorities (e.g. contact with the police) as separate predictors did yield significant results. Specifically, the findings revealed a negatively significant interaction between contact with the police and paternal emotional support ($b = -.026$, $p < .05$), indicating that, as expected, paternal emotional support decreased the effect of having had contact with the police, holding constant all other variables in the regression equation. Further results confirmed that when emotional support by fathers was low the effect of official labeling on deviant identity (t_2) increased by 1.88 units ($p < .01$), whereas when emotional support was high the effect did not reach statistical significance. Similar tests failed to find a significant interaction between contact with the police and deviant identity (t_2) and parental or maternal emotional support. Figure 5 illustrates these findings.

On the other hand, a model examining the effect of school suspension/expulsion on deviant identity (t_2) under conditions of parental emotional support indicated that this latter condition did not moderate the aforementioned relationship ($p > .10$). Similar results were obtained when the moderating effect of paternal emotional support was estimated.

The regression model testing the moderating role of maternal emotional support indicated a marginally significant interaction ($b = .023$, $p < .10$). However, the interaction term was positive, when a negative was expected. This indicates that under conditions of high emotional support the effect of school suspension/expulsion on deviant identity (t_2) was increased. Specifically, the

results revealed that when maternal emotional support was high (one standard deviation above the mean) the estimated effect of school suspension/expulsion on deviant identity at Time 2 increased by 1.84 units ($p < .01$). When emotional support was low, the estimated effect did not reach statistical significance ($p > .10$).

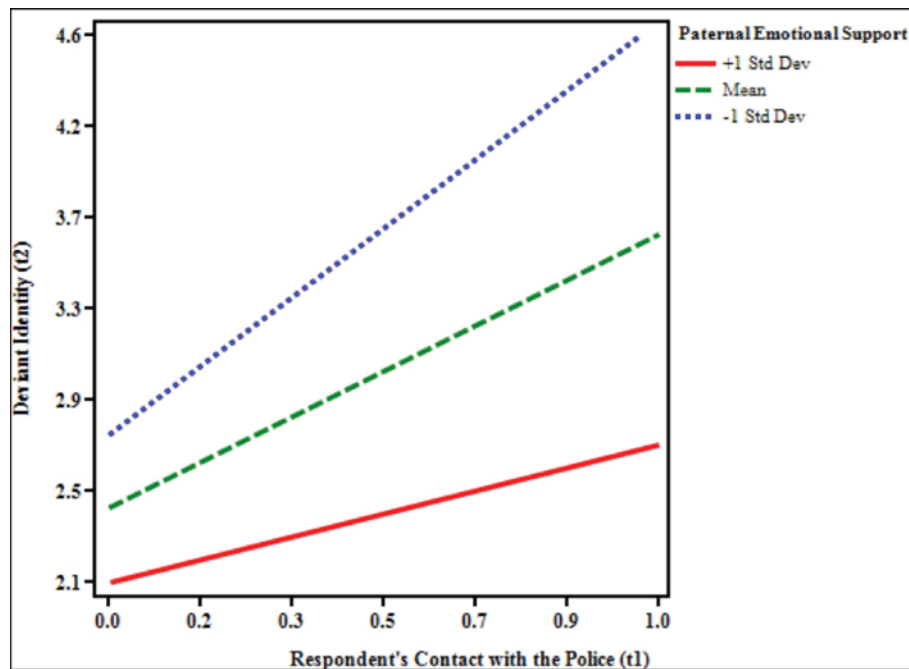


Figure 5. Moderating Effect of Paternal Emotional Support on the Relationship between Contact with the Police (t_1) and Deviant Identity (t_2)

Together these results seem to indicate that under conditions of high maternal support, those children who were subjected to school suspension/expulsion reported more deviant identity at Time 2 than those who were under conditions of low maternal emotional support. Figure 6 illustrates these findings.

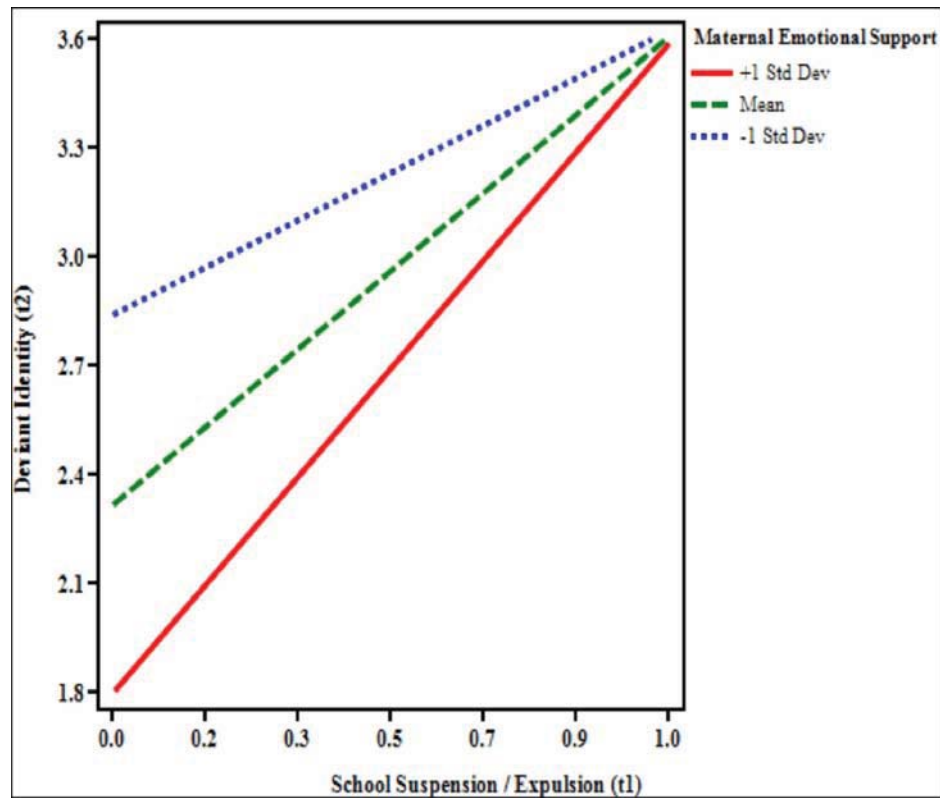


Figure 6. Moderating Effect of Maternal Emotional Support on the Relationship between School Suspension / Expulsion (t_1) and Deviant Identity (t_2)

In summary, with regard to personal deviance, moderation analyses revealed that all things being equal, the emotional support provided by mothers had an opposite effect, instead of buffering the effect of deviance, it tended to intensify it. This was the case of both those children suffering from health conditions that required them to get help for performing some of their daily activities, and of those who have been suspended or expelled from school. Further tests indicated that this relationship did not vary when controlling for maternal

deviance. Emotional support by fathers, on the other hand, tended to attenuate the effect of official labeling on the deviant identity (t_2) of their children.

Parental Deviance

A third set of moderation analysis was estimated in order to address the hypothesis that parental emotional support would moderate the effect of parental deviance on adolescents' deviant identity at Time 2. Separate models were calculated using both maternal and paternal deviance indices, as well as each of the indicators included in these indices. Also, similar to the previous set of analyses, the effects of maternal and paternal emotional support were examined. All control variables were included in the models.

Model 1 in Table 8 examined the moderating effect of parental emotional support on the relationship between the maternal deviance index (t_1) and deviant identity (t_2). The results indicated that, contrary to what was hypothesized the effect of maternal deviance on deviant identity (t_2) depended upon the emotional support provided by both parents ($b = -.018, p > .05$). Hence, these findings suggest that all things being equal the emotional support provided by both mothers and fathers at Time 1 attenuated the effect of maternal deviance (t_1) on the deviant identity (t_2) of their children.

Model 2 analyzed the interaction between maternal deviance (t_1) and maternal emotional support. As expected, the results revealed a significant

interaction between these two variables ($b = -.018$, $p < .05$), indicating that maternal emotional support moderated the effect of maternal deviance.

Table 8. Moderating Effect of Parental Emotional Support on the Relationship between Maternal Deviance (t_1) and Deviant Identity (t_2)

	Model 1	Model 2	Model 3
Maternal deviance (t_1)	1.57** (.560)	1.93** (.706)	1.90* (.844)
Parental emotional support (t_1)	-.020** (.007)	--	--
Maternal emotional support (t_1)	--	-.015* (.007)	--
Paternal emotional support (t_1)	--	--	-.014* (.006)
Maternal deviance X parental emotional support	-.018* (.008)	--	--
Maternal deviance X maternal emotional support	--	-.018* (.008)	--
Maternal deviance X paternal emotional support	--	--	-.020+ (.011)
Constant	6.22*** (1.82)	5.90** (1.86)	9.80 (2.46)***
F statistic	F _(8, 1231) 3.42***	F _(8, 1195) 2.89**	F _(8, 896) 3.25**
R ² (adjusted)	0.02	0.01	0.02
N	1240	1204	905

Note: + $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$; Standard errors are shown in parentheses

Further tests revealed that under conditions of low maternal emotional support the effect of maternal deviance on deviant identity (t_2) increased by .750 units ($p < .01$). The effect of maternal deviance (t_1) on deviant identity (t_2) for those who reported high levels of emotional support from their mothers was not different from zero. Figure 7 illustrates these findings.

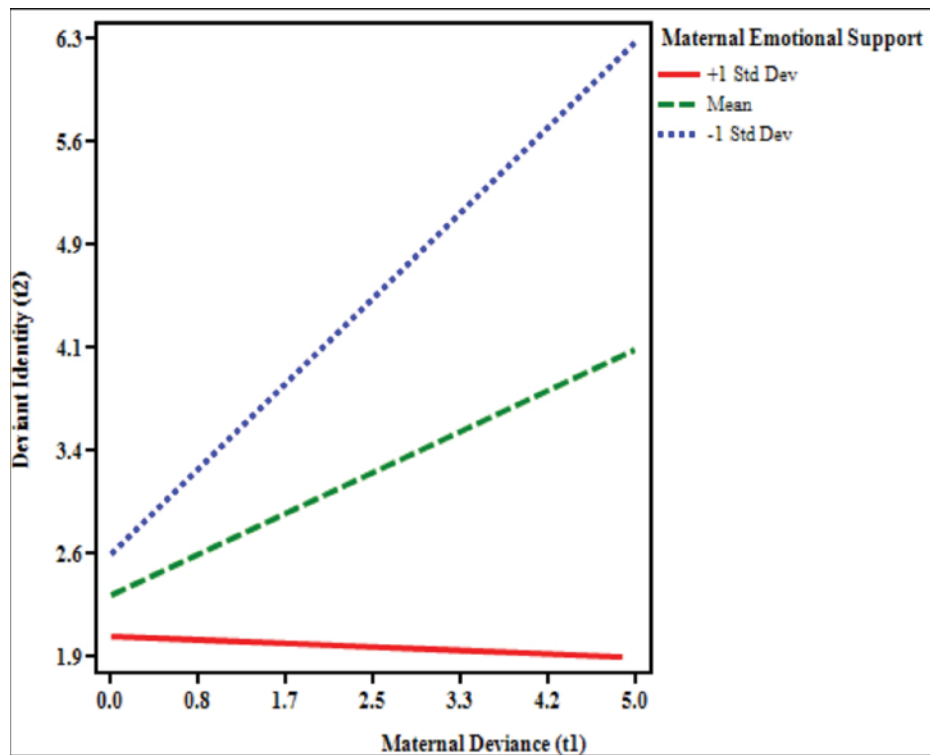


Figure 7. Moderating Effect of Maternal Emotional Support on the Relationship between Maternal Deviance (t_1) and Deviant Identity (t_2)

Model 3, on the other hand, tested the moderating effect of paternal emotional support. The results revealed a marginally significant interaction between maternal deviance (t_1) and paternal emotional support ($b = -.020$, $p < .10$), suggesting that under conditions of paternal emotional support, the effect of maternal deviance (t_1) on deviant identity (t_2) was reduced. Further tests revealed that when paternal emotional support was low, the effect of maternal deviance (t_1) on deviant identity (t_2) increased by 1.03 units ($p < .05$), net of the effect of other variables in the model. When paternal emotional support was high the effect of maternal deviance (t_1) on deviant identity (t_2) did not reach statistically

significance. This seems to suggest that the effect of maternal deviance (t_1) was only significant when emotional support by fathers was low, but not when it was high. Figure 8 illustrates these findings.

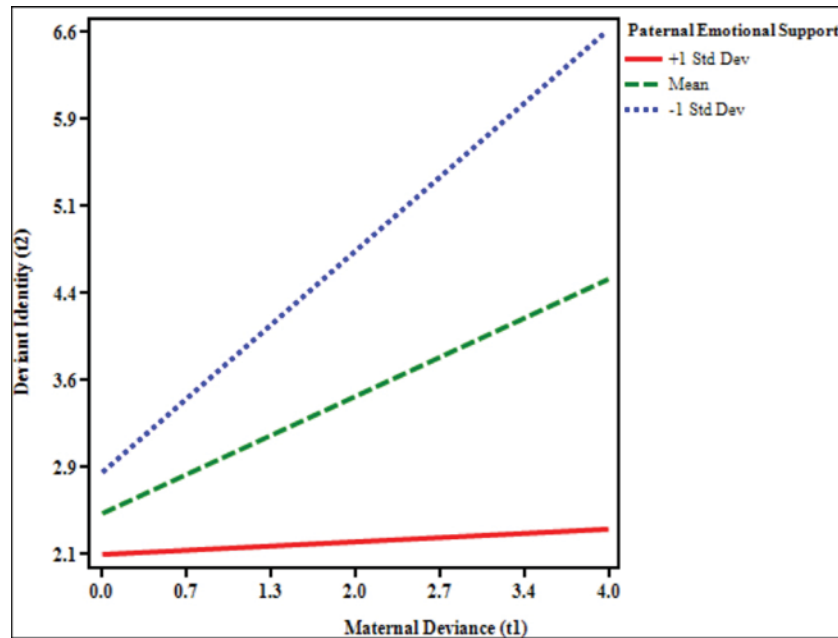


Figure 8. Moderating Effect of Paternal Emotional Support on the Relationship between Maternal Deviance (t_1) and Deviant Identity (t_2)

Additional findings revealed that none of the maternal deviance indicators, namely, substance abuse, disability, or health limitations, interacted by itself with emotional support provided by mothers, fathers, or both (results not shown). That is, the effects of maternal substance abuse, disability or health limitations on deviant identity (t_2) did not depend upon parental, maternal, or paternal emotional support. It was only when these indicators were added up that significant interaction terms were found.

Paternal Deviance

A fourth set of analyses examined the moderating effects of parental emotional support on the relationship between father's deviance (t_1) and deviant identity (t_2). According to the results depicted in Table 9 none of the three regression equations revealed a significant interaction between paternal deviance and emotional support. These findings indicated that other things being equal the effect of father's deviance (t_1) on deviant identity (t_2) was not buffered by the emotional support provided by any of the parents.

Further analyses examining the effect of each of the indicators composing the father's deviance index, revealed that the effect of alcohol and drug abuse was not buffered by parental emotional support by maternal/paternal support ($p > .10$). Similarly, the findings indicated a non-significant interaction between father's health limitations and the emotional support provided by any or both of the parents ($p > .10$). In short, these analyses confirmed that, contrary to what was hypothesized, all things being equal, the effect of paternal deviance (t_1) on deviant identity (t_2) did not depend upon the emotional support provided by any or both of the parents.

Table 9. Moderating Effect of Parental Emotional Support on the Relationship between Paternal Deviance (t_1) and Deviant Identity (t_2)

	Model 1	Model 2	Model 3
Paternal deviance (t_1)	.115 (.454)	.349 (.606)	-.145 (.488)
Parental emotional support (t_1)	-.026*** (.007)	--	--
Maternal emotional support (t_1)	--	-.020** (.007)	--
Paternal emotional support (t_1)	--	--	-.021** (.007)
Paternal deviance X parental emotional support	.0002 (.007)	--	--
Paternal deviance X maternal emotional support	--	-.002 (.007)	--
Paternal deviance X paternal emotional support	--	--	.004 (.007)
Constant	6.61*** (1.83)	6.28*** (1.89)	9.86*** (2.48)
F statistic	F _(8, 1231) 2.31*	F _(8, 1195) 1.87 ⁺	F _(8, 896) 2.53**
R ² (adjusted)	.014	.012	.022
N	1240	1204	905

Note: ⁺p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses

Family Incarceration

Family incarceration was found to be one of the strongest predictors of deviant identity at Time 2. However, the mediation analyses indicated that its effect was not mediated by perceived rejection by teachers or by peers. The following set of moderation analyses examined the hypothesis that the relationship between family incarceration (t_1) and deviant identity at Time 2 would depend upon

parental emotional support (t_1), net of the effect of the respondent's gender, age, race, family structure, socioeconomic status, and deviant identity at Time 1. The results are depicted Table 10.

Table 10. Moderating Effect of Parental Emotional Support on the Relationship between Family Incarceration (t_1) and Deviant Identity (t_2)

	Model 1	Model 2	Model 3
Family incarceration (t_1)	1.10 (.945)	.160 (1.33)	2.43* (1.13)
Parental emotional support (t_1)	-.025** (.007)	--	--
Maternal emotional support (t_1)	--	-.024** (.007)	--
Paternal emotional support (t_1)	--	--	-.014* (.007)
Family incarceration X parental emotional support	.006 (.014)	--	--
Family incarceration X maternal emotional support	--	.014 (.015)	--
Family incarceration X paternal emotional support	--	--	-.012 (.016)
Constant	6.24*** (1.84)	6.40*** (1.90)	8.70*** (2.49)
F statistic	F _(8, 1227) 4.10***	F _(8, 1191) 3.44**	F _(8, 894) 3.92***
R ² (adjusted)	.026	.022	.033
N	1236	1200	903

Note: +p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses

Model 1 revealed that the interaction between family incarceration and parental emotional support was not significant ($b = .006$, $p > .10$). Similar results were obtained by Model 2 and 3, indicating that the effect of family incarceration

was not buffered by either maternal emotional support ($b=.014$, $p >.10$) or by paternal emotional support ($-.012$, $p >.10$). In other words, contrary to what was hypothesized, the evidence indicated that all things being equal, the effect of family incarceration (t_1) on deviant identity (t_2) was not attenuated by the amount of emotional support provided by both or any of the parents.

In summary, moderation analyses provided only partial support for the central hypothesis examined in this research. Specifically, the results revealed that both the relationship between personal deviance (t_1) and deviant identity (t_2), and the association between maternal deviance (t_1) and deviant identity (t_2) depended upon maternal emotional support. However, the effect of personal deviance on deviant identity under conditions of maternal emotional support was in the opposite direction to what was hypothesized. That is, under conditions of high maternal emotional support, those adolescents suffering from health limitations or having been suspended/expelled from school reported higher levels of deviant identity (t_2). Paternal emotional support, on the other hand, was found to affect the relationship between maternal deviance (t_1) and deviant identity (t_2), and contact with the police (t_1) and deviant identity (t_2). Both observed effects were in the predicted direction, that is, when emotional support was low the effect of maternal deviance and contact with the police on deviant identity (t_2) was intensified. Finally, the emotional support provided by both parents did not moderate any of the relationships examined in this study. The implications of these and other substantive findings will be discussed in Chapter VII.

CHAPTER VI

SUBGROUP ANALYSIS

Subgroup regression analyses were conducted in order to get a fuller picture of the effects of personal and family deviance on adolescents' deviant identity (t_2). Additionally, subgroup analysis allowed determining whether the effect of the study variable on the relationship between deviance and deviant identity was conditional upon group membership, identifying the specific groups that differ from other groups (Aneshensel 2002: 224-225). When differences between groups were observed, further tests were conducted in order to determine whether they were statistically significant (Paternoster et al. 1998). The first section of this chapter presents the results of the multivariate findings. The second section examines the mediating role of stigmatization by teacher and by peers on the relationship between deviance (t_1) and deviant identity (t_2). To conclude the third section presents the results of the moderating tests.

MULTIVARIATE ANALYSIS

Table 11 presents the results obtained when separated analyses by race and gender were estimated. Model 1, for the white subgroup, explains 14% of the variation in deviant identity (t_2) and reflects an overall significant relationship ($F_{10, 602} = 10.37, p < .001$). Official labeling (t_1) increased deviant identity (t_2) by 1.82 units ($p > .001$) in this subgroup. In addition, having had a family member in jail

increased deviant identity (t_2) by 1.63 units ($p > .05$). Deviant identity at Time 2 increased by .268 ($p < .001$) for every unit of deviant identity at time 1. Being a female, as well as living in a mono-parental family, increased deviant identity (t_2) by 1.05 and 1.71 units ($p > .05$), respectively.

Model 2 for the non-white subgroup accounted for 14% of the variance in deviant identity (t_2). The overall relationship was statistically significant ($F_{10, 601} = 9.93, p < .001$). The model showed that with other variables held constant, deviant identity (t_2) was associated with family incarceration, family structure, and deviant identity (t_1). Similar to their white counterparts, deviant identity (t_2) for those non-white individuals who had a family member in jail (t_1) increased by .990 units ($p < .05$). Also, deviant identity at Time 2 increased by .313 ($p < .001$) for every unit of deviant identity at Time 1. This is similar to the results obtained in the white subgroup. The third significant predictor in this model, family structure, indicated that living in a bi-parental family increased deviant identity (t_2) by .936 units ($p < .05$). This finding contrasted with that of white adolescents who reported higher levels of deviant identity (t_2) when they lived with only one of their parents. According to further tests this difference was significant ($Z=3.82, p < .001$), suggesting that the effect of family structure was different for whites and non-whites.

In short, the results showed that contact with the authorities was a significant predictor of deviant identity (t_2) for whites, but not for non-whites. The

difference between these subgroups was found to be statistically significant ($Z=2.61$, $p < .05$).

Table 11. Regression Models for Racial and Gender Subgroups

	Model 1 Whites	Model 2 Non- whites	Model 3 Males	Model 4 Females
Respondent's health limitations (t_1)	.760 ⁺ (.394)	-.333 (.258)	.073 (.313)	.126 (.330)
Respondent's contact with authorities (t_1)	1.82*** (.521)	.220 (.303)	.263 (.342)	1.29** (.468)
Maternal deviance (t_1)	.067 (.322)	.349 (.306)	.460 (.314)	.099 (.313)
Paternal deviance (t_1)	-.157 (.255)	-.213 (.228)	-.040 (.266)	-.160 (.227)
Family incarceration (t_1)	1.63* (.719)	.990* (.391)	1.24* (.507)	1.09* (.524)
Respondent is a female (1=yes)	1.05** (.400)	-.615 ⁺ (.340)	--	--
Respondent is white (1=yes)	--	--	-.301 (.383)	1.22** (.403)
Respondent lives in a biparental family (1=yes)	-1.71** (.561)	.936* (.361)	.017 (.444)	-1.18 (.454)
Respondent's age (t_1)	-.294 (.186)	-.026 (.147)	.064 (.165)	-.369* (.173)
Respondent's socioeconomic status	.373 (.326)	-.046 (.242)	.103 (.283)	.196 (.288)
Deviant identity (t_1)	.268*** (.041)	.313*** (.037)	.285*** (.039)	.311*** (.040)
Constant	5.51* F _(10, 602)	1.34 F _(10, 601)	0.38 F _(10, 597)	5.33 F _(10, 608)
F statistic	10.37***	9.93***	7.33***	9.98***
R-squared (adj)	0.14	0.14	0.09	0.12
N	615	612	607	618
Note: * $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$; Two-tailed test, Standard errors are shown in parentheses				

Similarly, being a female was found to be a significant predictor of deviant identity (t_2) for whites but not for non-whites. This difference was also statistically significant ($Z=3.22$, $p < .001$). Hence, it is concluded that the effects of respondent contact with authorities and female gender, on deviant identity (t_2) were different for whites and non-whites in the analytic sample. Finally, for both groups deviant identity at Time 1, and family incarceration, were significant predictors of deviant identity at Time 2. Although the coefficients showed some differences, these were not found to be statistically significant ($Z= 1.06$; $Z=0.73$, $p > .10$, respectively).

Model 3, examined the male subgroup. This regression equation explained 9% of the variation in deviant identity (t_2). The findings revealed that the overall relationship was significant ($F_{10, 597} = 7.33$, $p < .001$). For males, deviant identity (t_2) was positively associated with family incarceration and deviant identity (t_1). Specifically, the multivariate results revealed that the deviant identity (t_2) of male adolescents increased by 1.24 units ($p < .05$) when they had a family member in jail. Also, deviant identity at Time 2 increased by .285 ($p < .001$) for every unit of deviant identity at Time 1.

Model 4 presents the results for the female subgroup. The fit of this model explained 12% of the variation in deviant identity (t_2). The overall relationship was significant ($F_{10, 608} = 9.98$, $p < .001$). Deviant identity (t_2) was positively associated with racial group, respondent's contact with authorities, family incarceration, and deviant identity (t_1), and negatively associated with age. Specifically, the findings indicated that similar to their male counterparts, deviant identity levels at Time 2

of those females who reported having had a family member in jail increased by 1.09 units ($p < .05$).

Additionally, model 4 showed that deviant identity at Time 2 increased by .311 ($p < .001$) for every unit of deviant identity at Time 1, net of the effect of other variables in the model. Further tests confirmed that the effects of both family incarceration and deviant identity (t_1) were similar for males and females ($Z=0.19$, $p > .10$; $Z=0.64$, $p > .10$, respectively).

The results also indicated that contact with authorities increased deviant identity (t_2) by 1.29 units ($p < .01$). These findings contrasted with those obtained by the male subgroup model that revealed that the effect of contact with authorities was not associated with deviant identity (t_2). The difference between these groups was statistically significant ($Z=1.83$, $P < .05$), suggesting that the effect of contact with authorities varied by gender.

With regard to demographic factors, model 4 showed a significant effect of race and age. This indicates, that being a white female increased deviant identity (t_2) by 1.22 units ($p < .01$). Age, on the other hand, was negatively associated with deviant identity (t_2), suggesting that deviant identity (t_2) decreased by .369 units ($p < .01$) for every additional year of age. Further tests indicated that the effect of white race on deviant identity (t_2) varied according to gender in the analytic sample ($Z=2.78$, $p < .01$). Likewise, the effect of younger age was different for males and females ($Z=2.22$ $p < .01$).

In brief, gender subgroup analyses revealed that contact with authorities was a significant predictor of deviant identity (t_2) for females but not for males. Also, the multivariate findings showed white race and younger age were significant predictors of deviant identity (t_2) for females but not for males. On the other hand, both family incarceration, and deviant identity at Time 1 were found have similar effects on the deviant identity (t_2) of males and females.

To summarize, the subgroup analysis by gender and race showed that with the exception of family structure, the different predictors of deviant identity (t_2) were consistent with those obtained when using the full sample. However, subgroup analysis revealed that the effect of some of the independent variables on deviant identity (t_2), specifically, the effect of official labeling, significantly varied according to the respondent's race and/or gender.

Gender Variations within Racial Subgroups

This section presents subgroup analyses by gender separated by three main racial categories, namely Whites, Blacks, and Hispanics. These analyses allowed comparing gender variations within racial groups. All models presented in Table 12 assessed the relationship between deviance (t_1) and deviant identity (t_2) holding constant the effect of demographic factors, and the effect of deviant identity (t_1). When differences within subgroups were observed, further analyses to determine statistical significance were conducted.

Model 1 in Table 12 presents the results for white males and females. The first column of model 1 refers to white males. It explained 12% of the variance, and the overall relationship was found to be significant ($F_{9, 302} = 5.49$, $p < .001$). The findings revealed that for white males in this sample having health limitations (t_1), and having deviant identity (t_1) increased deviant identity (t_2) by 1.27 ($p < .05$) and .231 ($p < .001$) units respectively, net of the effect of other variables included in the model. In contrast, for white males living in a mono-parental family increased deviant identity (t_2) by .248 units ($p < .01$).

Table 12. Regression Models. Gender Variations within Racial Subgroups

	Model 1 Whites		Model 2 Blacks		Model 3 Hispanics	
	Males	Females	Males	Females	Males	Females
Health limitations (t_1)	1.27* (.550)	.395 (.613)	-.599 (4.61)	-.030 (.405)	.335 (.734)	-.903 (.860)
Respondent's contact with authorities (t_1)	1.06+ (.601)	3.30*** (.966)	.675 (.610)	1.82** (.619)	-.267 (.727)	-1.23 (.781)
Maternal deviance (t_1)	-.368 (.424)	.191 (.503)	.907 (.644)	-.716 (.516)	2.96+ (1.60)	1.55+ (.918)
Paternal deviance (t_1)	.003 (.375)	-.289 (.363)	-.338 (.608)	-.364 (.325)	.769 (.591)	.754 (.559)
Family incarceration (t_1) (1=yes)	1.02 (.965)	2.51* (1.15)	.281 (.924)	.895 (.641)	2.19+ (1.17)	2.07* (.886)
Age (t_1)	-.054 (.246)	-.509+ (.292)	.495 (.336)	-.236 (.236)	-3.66 (.424)	-.384 (.341)
Family structure (1=biparental)	-.248** (.763)	-1.45 (.883)	1.52+ (.811)	.625 (.572)	2.94** (1.08)	-1.01 (.878)
Socioeconomic status	.375 (.435)	.269 (.501)	-.404 (.605)	.176 (.414)	-5.14 (.577)	.379 (.505)
Deviant identity (time 1)	.231*** (.054)	.265*** (.066)	.415*** (.088)	.267*** (.063)	.182+ (.097)	.240** (.085)
Constant	3.30	9.19*	-5.68	3.41	4.20	5.46
F statistic	F (9, 302) 5.49***	F (9, 292) 5.91***	F (9, 173) 4.25***	F (9, 201) 4.49***	F (9, 99) 2.11*	F (9, 92) 3.19**
R ² (adjusted)	0.12	0.13	0.15	0.15	0.09	0.19
N	311	301	183	211	109	102

Note: +p < .10 * p < .05 ** p < .01 *** p < .001; Standard errors are shown in parentheses

The second column of Model 1, examined the white female subgroup. The total percentage of variance explained by this regression equation was 13%. The overall equation was statistically significant ($F_{9, 292} = 5.91, p < .001$). The results showed that deviant identity (t_2) was positively associated with respondent's contact with authorities, family incarceration and deviant identity (t_1). The levels of deviant identity (t_2) of white females who had a family member in jail increased by 2.51 units ($p < .05$). Having had contact with authorities tended to increase deviant identity (t_2) by 3.30 units ($p < .001$). An effect of deviant identity at Time 1 was also revealed. Specifically, the results indicated that for every unit increase in deviant identity (t_1), deviant identity (t_2) increased by .265 units ($p < .001$) net of the effect of other variables in the regression equation.

The results showed some differences between males and females in the white subgroup. The health limitations variable was a significant predictor for males but not for females, further tests, however, indicated that this difference was not statistically significant ($Z=0.94, p > .10$). Another significant predictor of deviant identity (t_2) for males but not for females was family structure, specifically, living in a mono-parental family. The difference, between the regression coefficients of both subgroups was not statistically significant ($Z=0.77, p > .10$), indicating that the effect of family structure on deviant identity (t_2) did not vary by gender in the white subgroup. Similarly, white females, but not white males, were significantly affected by contact with authorities and family incarceration. Additional tests revealed that the effect of contact with authorities and family

incarceration did not vary by gender in the white subgroup ($Z=1.46$, $p > .10$; $Z=0.65$, $p > .10$, respectively).

Model 2 analyzed the black subgroup by gender. Column 1 of this model presents the results of the black male subgroup. This model explained 15% of the total variation of deviant identity (t_2) in this subgroup. The overall relationship was significant ($F_{9, 173} = 4.25$, $p < .001$). According to the results, deviant identity (t_2) was associated with deviant identity (t_1), suggesting that other things being equal deviant identity (t_2) increased by .415 ($p < .001$) for every unit in deviant identity (t_1). Other variables such as family incarceration, and respondent's contact with authorities that were significant for other subgroups did not reach statistical significance in the black male subgroup.

The second column of Model 2 examined the black female subgroup. The percentage of variance explained by this equation was 15%. Similar to the previous model, the overall relationship was significant ($F_{9, 201} = 4.49$, $p < .001$). According to the findings, with other variables held constant deviant identity (t_2) was positively associated with contact with authorities. The results indicate that contact with authorities increased deviant identity (t_2) of black females by 1.82 units ($p < .01$). Also, for every unit of deviant identity (t_1) deviant identity at Time 2 increased by .267 units ($p < .01$), net of the effect of other variables in the regression equation.

Thus, regression analyses for the black subgroup indicated some differences in the effects of the independent variables. Specifically, contact with authorities was a significant predictor of deviant identity (t_2) for females but not for males. The

difference, however, was not statistically significant ($Z=1.15$ $p > .10$). Similarly, the effect of deviant identity at Time 1 did not vary by gender in the black subgroup ($Z=1.60$ $p > .10$).

The first column of Model 3 presents the results for the Hispanic male subgroup. This model explained 9% of the variance; the overall relationship was weak but significant ($F_{9, 99} = 2.11$, $p < .05$). The results revealed four predictors of deviant identity (t_2), namely, maternal deviance, family incarceration, family structure, and deviant identity at Time 1. Hence, having a deviant mother increased deviant identity at Time 2 by 2.96 units ($p < .10$). Additionally, having a family member in jail (t_1) increased the deviant identity (t_2) of Hispanic males by 2.19 units ($p < .10$). Similarly, in this subgroup, living in a bi-parental family increased deviant identity (t_2) by 2.94 units ($p < .01$), holding constant the effect of other variables in the model. To conclude, deviant identity at Time 2 increased by .182 ($p < .10$) for every unit of deviant identity at Time 1.

Results presented in the last column of Table 12 refer to the Hispanic female subgroup. The percentage of variance explained is 19%, the overall regression equation was significant ($F_{9, 92} = 3.19$, $p < .01$). The models showed that for every unit increase in deviant identity (t_1) there was a .240 ($p < .01$) increase in deviant identity (t_2). Also, having a deviant mother increased the deviant identity (t_2) of Hispanic females by 1.55 units ($p < .10$), and having a family member in jail increased deviant identity (t_2) by 2.07 units ($p < .05$).

Significance tests revealed that the effects of maternal deviance, family incarceration and deviant identity at Time 1, did not vary by gender in the Hispanic subgroup ($Z = 0.57, p > .10$; $Z = 0.06, p > .10$; $Z = 0.55, p > .10$, respectively). On the other hand, the effect of family structure, specifically living in a bi-parental family, on deviant identity was found to be statistically different for males and females in the Hispanic subgroup ($Z = 2.13, p < .05$).

To summarize, subgroup regression models examining gender differences within racial groups indicated that the effects of deviance variables such as family incarceration, and contact with authorities did not vary according to the gender of the respondents within their racial subgroups in the analytic sample. The implications of these findings will be discussed in the next chapter.

MEDIATION ANALYSIS

This section presents the results of the mediation analyses estimated using each of the five independent variables analyzed in this study. When a significant relationship between the independent and the dependent variable was determined, subsequent analyses were estimated in order to establish mediation. The results are presented first in terms of racial and gender groups, and then in terms of gender within the racial groups represented in the analytic sample.

Personal Deviance

Health limitations, for the white subgroup, was significantly associated with both perceived rejection by teachers ($b=.129$, $p < .05$) and perceived rejection by peers ($b=.309$, $p < .001$). However, perceived stigmatization by teachers and by peers did not predict deviant identity at Time 2 in this mediational model. Thus, for the white subgroup, it is concluded that the relationship between health limitations (t_1) and deviant identity (t_2) was not mediated by negative reactions by teachers or peers. On the other hand, results for the non-white subgroup revealed that bearing health limitations (t_1) was not associated with either deviant identity (t_2) or stigmatization by teachers or peers. Thus, subsequent mediation analyses were not estimated. Concurrent with these findings, mediational models for blacks and Hispanics did not yield any significant result.

With regard to gender, the results showed that for the female subgroup the relationship between health limitations (t_1) and deviant identity (t_2) was not statistically significant. Although health limitations (t_1) was positively associated with perceived rejection by teachers ($b=.185$, $p < .01$) and peers ($b=.123$, $p < .05$), subsequent mediational analysis determined that none of the proposed mediators had a significant effect on this relationship. Similar results were showed for males. Thus, for both males and females, the relationship between bearing a health condition at Time 1 and deviant identity at Time 2, was not mediated by stigmatization by teachers or peers.

When examining gender variations within racial subgroups, the findings indicated that health limitations (t_1) did not predict the deviant identity (t_2) of males and females in any of the three racial groups represented in this sample, namely, whites, blacks, and Hispanics. Therefore subsequent mediational analyses were not estimated. Similar results were revealed when examining each of the four indicators of the health limitations separately.

In short, consistent with the findings obtained when analyzing the full study sample, the subgroup analysis of mediating effects confirmed that stigmatization by teachers and peers did not mediate the relationship between health limitations (t_1) and deviant identity (t_2) in the analytic sample.

Another indicator of personal deviance used in this study was contact with the authorities. The findings showed a significant relationship between contact with authorities (t_1) and deviant identity (t_2) for the white subgroup ($b=2.10$, $p < .001$). The relationship between contact with authorities (t_1) and stigmatization by teachers was significant ($b= .30$, $p < .001$). The effect of contact with authorities on rejection by peers, on the other hand, was only marginally significant ($b= .19$, $p < .10$). Subsequent analyses determined that the indirect effect of contact with the authorities (t_1) was mediated by rejection by teachers ($Z=2.11$, $p < .05$) but not by rejections by peers ($Z=1.58$, $p > .10$). When examining each of the indicators of this variable separately (i.e. contact with the police) the findings did not reveal any significant effect.

The results for the non-white subgroup, however, yielded a significant mediational model. The findings revealed that perceived rejection by teachers mediated the relationship between contact with the authorities (t_1) and deviant identity (t_2) ($Z=2.78$, $P < .001$). Results for the perceived rejection by peers variable indicated that it did not mediate the aforementioned relationship in the non-white subgroup ($Z=0.76$, $p > .10$). Further tests demonstrated that the difference between whites and non-whites was not statistically significant ($Z=0.78$). Thus, it can be concluded that the mediating effect of stigmatization by teachers on the relationship between contact with authorities (t_1) and deviant identity (t_2) was similar for whites and non-whites.

With regard to both the female and male subgroups the results revealed that stigmatization by teachers and by peers did not mediate the relationship between contact with authorities (t_1) and deviant identity (t_2). Further models examining each of the indicators of this variable did not yield significant results. Similar results were revealed when analyzing gender variations within racial groups. None of these mediational models reached statistical significance.

To summarize, the subgroup analyses presented above indicated that the indirect effect of personal deviance (t_1) (health limitations, contact with authorities) on deviant identity (t_2) through the proposed mediators, stigmatization by teachers and by peers was similar for males and females, as well as for whites and non-whites in this sample.

Parental Deviance

The indirect effect of parental deviance (t_1) on deviant identity (t_2) through perceived rejection by teachers and by peers was estimated using the maternal and paternal indexes separately. The results for both the white and the non-white subgroups showed that maternal deviance (t_1) was not associated with deviant identity (t_2). Also, consistent with the findings of the study sample, maternal deviance (t_1) did not predict rejection by teachers or by peers.

With regard to gender, the findings revealed that in the female subgroup maternal deviance (t_1) was marginally significantly associated with deviant identity (t_2) ($b=.59$, $p < .10$). Further analyses determined that maternal deviance (t_1) was not associated with negative reactions by teachers and by peers, thus further mediational analyses were not conducted. Similar results were revealed in the male subgroup.

Gender variations within racial groups, on the other hand, revealed that maternal deviance (t_1) did not predict deviant identity (t_2) for black males or females, not for Hispanic males or females, or white males or females. Thus subsequent mediational models were not estimated for these groups. In short, no significant findings were obtained when testing the indirect effect of maternal deviance (t_1) on deviant identity (t_2) through the proposed mediators. Examining each of the indicators of maternal deviance did not yield any significant result either.

Similarly, subgroup analyses showed that relationship between paternal deviance (t_1) and deviant identity (t_2) was not significant for any of the racial and gender subgroups represented in the analytic sample. Therefore subsequent mediational analyses were not estimated. In short, these findings are consistent with those obtained when analyzing the study sample. It can be concluded that the relationship between parental deviance (t_1) and deviant identity (t_2) was not mediated by stigmatization by teachers and/or by peers.

Family Incarceration

As mentioned earlier, family incarceration was found to be one of the stronger predictors of deviant identity (t_2) for whites and non-whites ($b=1.63$ $p < .05$; $b=.990$, $p < .05$, respectively). For whites, however, family incarceration was not associated with rejections by teachers or by peers. Thus, a mediation effect could not be estimated. For non-whites, family incarceration was found to be associated with rejection by teachers ($b=.184$, $p < .01$), but not by peers ($b=.01$, $p > .10$). However, subsequent mediation analyses indicated that rejection by teachers did not mediate the relationship between family incarceration and deviant identity (t_2) for the non-white subgroup ($Z=0.48$, $p > .10$).

With regard to gender, the results showed that for both males and females, family incarceration did not predict stigmatization by teachers or by peers. Thus subsequent mediation models were not estimated. Gender variations within racial groups yielded similar results. Hence it can be concluded that the effect of family

incarceration on deviant identity (t_2) was not mediated by perceived negative reactions by teachers and by peers.

To summarize, mediation subgroup analyses were consistent with those obtained when examining the study sample. With the exception of contact with the authorities, which was found to have an indirect effect on deviant identity (t_2) through stigmatization by teachers, although it did not vary race, all other deviance variables were not attenuated by any of the proposed mediators analyzed in this study. The implications of these findings will be discussed in the next chapter.

MODERATION ANALYSIS

In this section the moderating effect of parental emotional support, using both the paternal and maternal emotional support indices were estimated. Separated models were conducted for each of the racial and gender subgroups. Each of the five independent predictors examined in this research was predicted to interact with parental, maternal, or paternal emotional support. That is, it was expected that, controlling for other variables in the model, the emotional support provided by both or any of the parents would moderate the relationship between deviance at Time 1 and deviant identity at Time 1. When differences between groups were found further tests were conducted in order to determine whether such differences were statistically significant. The results of racial subgroups are described first, followed by the outcomes of gender subgroups.

Personal Deviance

The following models tested the hypothesis that the effect of health limitations on deviant identity (t_2) would depend upon parental emotional support. Table 13 presents the results obtained when analyzing the white and non-white subgroups. Model 1 showed that the effect of health limitations was not moderated by parental emotional support in this subgroup ($b = -.005$, $p > .10$). Model 2 revealed a marginally significant interaction between health limitations and maternal emotional support ($b = .023$, $p < .10$).

Similar to the results obtained when analyzing the study sample, the direction of the interaction was positive. Further tests indicated that under conditions of high maternal emotional support, all things being equal, deviant identity (t_2) levels for whites suffering from health limitations increased by .43 units ($p < .05$). Model 3, indicated that the interaction term for health limitations and parental emotional support was not significant ($b = -.004$, $p > .10$), suggesting that the relationship between health limitations and deviant identity (t_2) was not moderated by the emotional support by fathers.

Models 4 through 6 examined the moderating effects of parental emotional support for the non-white subgroup. The findings showed that none of the interaction terms reached statistical significance. Hence, for the non-white subgroup, the relationship between health limitations and deviant identity (t_2) did not depend upon the emotional support of both or any of the parents.

Table 13. Moderating Effect of Parental Emotional Support on the Relationship between Health Limitations (t_1) and Deviant Identity (t_2). Racial Subgroups

	Whites			Non-whites		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Health limitations (t_1)	1.42 (1.17)	-.738 (1.28)	1.25 (1.27)	-.623 (.701)	-1.21 (1.00)	-.747 (.900)
Parental emotional support (t_1)	-.042*** (.011)	--	--	-.015 (.009)	--	--
Maternal emotional support (t_1)	--	-.040*** (.011)	--	--	-.019* (.008)	--
Paternal emotional support (t_1)	--	--	-.030*** (.008)	--	--	-.011 (.010)
Health limitations X parental emotional support	-.005 (.017)	--	--	.008 (.011)	--	--
Health limitations X maternal emotional support	--	.023+ (.015)	--	--	.014 (.011)	--
Health limitations X paternal emotional support	--	--	-.004 (.017)	--	--	.008 (.013)
Constant	10.15*** (2.83)	10.81*** (2.93)	14.03*** (3.34)	4.01+ (2.27)	3.80 (2.33)	4.63 (3.59)
F statistic	F _(7, 611) 6.33***	F _(7, 591) 5.00***	F _(7, 513)	F _(7, 613) 1.94+	F _(7, 597) 2.40*	F _(7, 376)
R ² (adjusted)	.06	.06		.02	.03	
N	619	599	521	621	605	384

Note: +p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses

The results showed differences between whites and non-whites with regard to the moderating effect of maternal emotional support (Models 2 and 5, respectively), a further test indicated that this difference was not significant ($Z=0.59$, $p > .10$). Thus it is concluded that the buffering effect of maternal emotional support was similar for whites and non-whites in the analytic sample.

Table 14, shows the results separated by gender subgroups. Models 1 through 3 examined the male subgroup. The findings revealed that none of the interaction terms was statistically significant. That is, for males, the effect of health limitations at Time 1 and deviant identity (t_2) was not moderated by the emotional support provided by both or any of the parents.

Models 3 through 6 analyzed the female subgroup. The results showed that, similar to their male counterparts, the moderating effects of parental and paternal emotional support were not different from zero. However, model 5 revealed a significant interaction between health limitations and maternal emotional support ($b=.009$, $p < .05$), indicating that all things being equal under conditions of maternal emotional support the effect of health limitations on deviant identity (t_2) was intensified.

These results differed from those obtained by males, indeed, this difference was found to be statistically significant ($Z=2.68$, $p < .01$). Hence, it is concluded that the effect of maternal support in the effect of bearing health limitations at Time 1 on deviant identity (t_2) was different for males and females. Additional findings revealed no gender variations within racial groups.

Table 14. Moderating Effect of Parental Emotional Support on the Relationship between Health Limitations (t_1) and Deviant Identity (t_2). Gender Subgroups

	Males			Females		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Health limitations (t_1)	-.338 (.883)	.242 (.989)	1.34 (1.11)	-.246 (.896)	-2.53+ (1.36)	-1.93+ (.993)
Parental emotional support (t_1)	-.019+ (.010)	--	--	-.042*** (.011)	--	--
Maternal emotional support (t_1)	--	-.007 (.009)	--	--	-.051*** (.011)	--
Paternal emotional support (t_1)	--	--	-.006 (.009)	--	--	-.039*** (.010)
Health limitations X parental emotional support	.011 (.013)	--	--	.010 (.014)	--	--
Health limitations X maternal emotional support	--	.001 (.011)	--	--	.035* (.016)	--
Health limitations X paternal emotional support	--	--	-.009 (.015)	--	--	.027 (.014)
Constant	4.64+ (2.51)	3.82 (2.49)	8.21* (3.33)	8.68** (2.66)	10.02** (2.79)	10.60** (3.67)
F statistic	F (7, 608) 1.28	F (7, 594) 1.69	F (7, 452) 2.68*	F (7, 618) 3.39**	F (7, 604) 4.16**	F (7, 439) 2.55*
R ² (adjusted)	.01	.01	.04	.04	.05	.04
N	611	594	460	626	612	447

Note: +p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses

Table 15 shows the results examining the relationship between contact with authorities and deviant identity (t_2) under conditions of parental emotional support for the white subgroup. Model 1 revealed that the interaction term between parental emotional support and contact with authorities was not significant ($b = -.0009$, $p > .10$).

Table 15. Moderating Effect of Parental Emotional Support on the Relationship between Respondent's Contact with Authorities (t_1) and Deviant Identity (t_2). Racial Subgroups.

	Whites			Non-whites		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Contact with authorities (t_1)	2.02 (1.33)	-.784 (1.46)	1.98 ⁺ (1.17)	1.45 ⁺ (.773)	.916 (1.04)	.950 (1.15)
Parental emotional support (t_1)	-.038** (.012)	--	--	-.005 (.009)	--	--
Maternal emotional support (t_1)	--	-.042** (.012)	--	--	-.011 (.009)	--
Paternal emotional support (t_1)	--	--	-.024* (.009)	--	--	-.005 (.010)
Contact with authorities X parental emotional support	-.0009 (.020)	--	--	-.014 (.012)	--	--
Contact with authorities X maternal emotional support	--	.042* (.018)	--	--	-.005 (.012)	--
Contact with authorities X paternal emotional support	--	--	-.015 (.017)	--	--	-.005 (.015)
Constant	10.37*** (2.81)	11.32*** (2.88)	13.68*** (3.34)	3.49 (2.27)	3.45 (2.36)	4.17 (3.57)
F statistic	F (7, 611) 7.30***	F (7, 591) 7.53***	F (7, 513) 5.82***	F (7, 613) 2.55*	F (7, 597) 2.51*	F (7, 376) .551
R ² (adjusted)	.07	.08	.07	.02	.02	.01
N	619	599	521	621	605	384

Note: ⁺p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses

Model 2, showed a significant interaction between contact with authorities and maternal emotional support ($b=.042$, $p < .05$). A further test indicated that all things being equal under conditions of high maternal emotional support the deviant identity (t_2) levels of those who have had contact with authorities increased by .84 units ($p < .01$). Model 3, revealed that paternal emotional support did not buffer the effect of contact with authorities on deviant identity (t_2) in the white subgroup ($b -.015$, $p > .10$).

Models 4 through 6 examined the non-white subgroup. None of these models showed a significant interaction term, hence, for non-whites, the relationship between contact with authorities and deviant identity (t_2) was not buffered by the emotional support provided by any or both of the parents. Further tests revealed that the moderating effect of maternal emotional support on the relationship between contact with authorities and deviant identity (t_2) was different for whites and non-whites ($Z=5.07, p < .001$).

Models 1 through 3 in Table 16 examined the male subgroup. According to the findings, none of the interaction equations reached statistical significance. Similar results were showed in models 4 through 6 when analyzing the female subgroup. Together these findings indicated that all things being equal the relationship between contact with authorities and deviant identity (t_2) was not dependent upon the emotional support provided by any or both of the parents. Additional findings revealed no gender variations within racial groups.

Table 16. Moderating Effect of Parental Emotional Support on the Relationship between Respondent's Contact with Authorities (t_1) and Deviant Identity (t_2). Gender Subgroups

	Males			Females		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Contact with authorities (t_1)	.765 (.847)	.687 (.992)	1.02 (1.08)	3.07* (1.35)	2.70 (2.03)	2.38+ (1.33)
Parental emotional support (t_1)	-.013 (.010)	--	--	-.034** (.010)	--	--
Maternal emotional support (t_1)	--	-.005 (.010)	--	--	-.038*** (.011)	--
Paternal emotional support (t_1)	--	--	-.003 (.010)	--	--	-.026** (.009)
Contact with authorities X parental emotional support	-.005 (.012)	--	--	-.020 (.022)	--	--
Contact with authorities X maternal emotional support	--	-.0002 (.011)	--	--	-.010 (.023)	--
Contact with authorities X paternal emotional support	--	--	-.014 (.015)	--	--	-.009 (.020)
Constant	4.71+ (2.52)	4.29+ (.253)	8.21* (3.36)	7.79** (2.62)	8.88** (2.77)	8.90* (3.68)
F statistic	F (7, 608) 1.28	F (7, 586) 2.06*	F (7, 452) 2.28*	F (7, 618) 5.70***	F (7, 604) 5.40***	F (7, 439) 3.35**
R ² (adjusted)	.01	.02	.03	.06	.06	.05
N	616	594	460	626	612	447

Note: +p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses

In summary, the effect of maternal emotional support was found to be statistically significant, it the relationship between health limitations (t_1) and deviant identity (t_2), and contact with authorities (t_1) and deviant identity (t_2). When differences between groups were found further tests indicated that those differences were statistically significant. Thus, it is concluded that the effect of maternal emotional support was different for whites and non-whites, as well as for

males and females. Similar to the results obtained by the study sample, in both cases the effect of maternal emotional support was found to be positive, which is contrary to what was expected. These findings will be discussed in the next chapter.

Parental Deviance

The following models tested the hypothesis that the effect of parental deviance on deviant identity (t_2) would depend upon parental emotional support. Separate models were estimated using the maternal deviance and the paternal deviance indexes. Table 17 presents the results for the moderating effect of maternal emotional support for whites and non-whites.

Models 1 through 3 examined the white subgroup. The findings revealed that none of the interaction terms was statistically significant. Similar results were showed by models 4 to 6 analyzing the non-white subgroup. Hence, these results indicated that all things being equal, the relationship between maternal deviance (t_1) and deviant identity (t_2) did not depend upon the emotional support of both or any of the parents.

Table 17. Moderating Effect of Parental Emotional Support on the Relationship between Maternal Deviance (t_1) and Deviant Identity (t_2). Racial Subgroups

	Whites			Non-whites		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Maternal deviance (t_1)	1.72* (.812)	1.54+ (.923)	1.66+ (.986)	1.21 (.755)	2.79* (1.13)	2.47 (1.85)
Parental emotional support (t_1)	-.037** (.011)	--	--	-.009 (.009)	--	--
Maternal emotional support (t_1)	--	-.028* (.011)	--	--	-.007 (.008)	--
Paternal emotional support (t_1)	--	--	-.025** (.009)	--	--	-.005 (.009)
Maternal deviance X parental emotional support	-.024 (.013)	--	--	-.009 (.011)	--	--
Maternal deviance X maternal emotional support	--	-.016 (.011)	--	--	-.025 (.013)	--
Paternal deviance X paternal emotional support	--	--	-.019 (.014)	--	--	-.023 (.023)
Constant	9.62*** (2.84)	9.81*** (2.91)	13.95*** (3.34)	3.54 (2.26)	3.00 (2.32)	4.38 (3.57)
F statistic	F (7, 611) 5.91***	F (7, 591) 4.12***	F (7, 513) 5.62	F (7, 613) 2.51*	F (7, 597) 3.40**	F (7, 376) .691
R ² (adjusted)	.06	.05	.07	.03	.04	.01
N	619	599	521	621	605	384

Note: +p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses

Table 18 shows the results separated by gender. Models 1 through 3 examined the male subgroup. The findings revealed that none of the interaction terms yielded a significant result. This indicates that controlling for other variables in the regression equation, the relationship between maternal deviance (t_1) and deviant identity (t_2) was not moderated by parental, maternal, or paternal emotional support.

Models 4 through 6 examined the female subgroup. Model 4 showed a non-significant interaction term, suggesting that parental emotional support did not buffer the effect of maternal deviance (t_1) on deviant identity (t_2). Model 5, revealed a significant interaction ($b = -.017$, $p < .05$) indicating that under conditions of maternal emotional support the effect of maternal deviance was attenuated. Further tests indicated that under conditions of low maternal emotional support, the effect of maternal deviance (t_1) on deviant identity (t_2) increased by .22 units ($p < .05$). Similarly, model 6 revealed a significant interaction term ($b = -.004$, $p < .01$), indicating that under conditions of paternal emotional support the effect of maternal deviance (t_1) on deviant identity (t_2) decreased. Additional tests, showed that under conditions of low paternal emotional support, the effect of maternal deviance (t_1) on deviant identity increased by .49 units ($p < .01$).

Although these results differ from those obtained by the male subgroup, further tests indicated that the moderating effect of maternal emotional support on the relationship between maternal deviance (t_1) and deviant identity (t_2) was marginally different for males and females ($Z = 1.74$, $p < .10$). Thus, the emotional support provided by mothers decreased the deviant identity (t_2) of females but not the deviant identity (t_2) of males. In contrast, the moderating effect of paternal emotional support on the relationship between maternal deviance (t_1) and deviant identity (t_2) was not found to be statistically different for males and females ($Z =$

0.55 $p > .10$). Additional findings revealed no gender variations within racial groups.

Table 19 presents the results of the interaction models examining the relationship between paternal deviance (t_1) and deviant identity (t_2) for whites and non-whites. Models 1 through 3 refer to the white subgroup. The findings indicate that none of the interaction terms reached statistical significance in any of the models.

Table 19. Moderating Effect of Parental Emotional Support on the Relationship between Paternal Deviance (t_1) and Deviant Identity (t_2). Racial Subgroups.

	Whites			Non-whites		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Paternal deviance (t_1)	.344 (.700)	.621 (.862)	-.090 (.614)	-.134 (.575)	.047 (.859)	-.093 (.809)
Parental emotional support (t_1)	-.043*** (.012)	--	--	-.012 (.009)	--	--
Maternal emotional support (t_1)	--	-.031* (.012)	--	--	-.014 (.009)	--
Paternal emotional support (t_1)	--	--	-.032** (.009)	--	--	-.008 (.010)
Paternal deviance X parental emotional support	-.003 (.010)	--	--	.001 (.009)	--	--
Paternal deviance X maternal emotional support	--	-.005 (.010)	--	--	-.001 (.010)	--
Paternal deviance X paternal emotional support	--	--	.003 (.009)	--	--	.0005 (.011)
Constant	10.22*** (2.84)	10.08*** (2.94)	14.01*** (3.35)	3.82+ (2.28)	3.47 (2.38)	4.39 (3.61)
F statistic	F (7, 611) 5.27***	F (7, 591) 3.83***	F (7, 513) 5.20***	F (7, 613) 1.84+	F (7, 597) 2.19*	F (7, 376) .302
R ² (adjusted)	.06	.04	.07	.02	.02	.005
N	619	599	521	621	605	384

Note: + $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$; Standard errors are shown in parentheses

Models 4 to 6 examining the non-white subgroup, showed similar results. Together these findings indicated that all things being equal the relationship between paternal deviance (t_1) and deviant identity (t_2) was not moderated by the emotional support provided by both or any of the parents. These findings concurred with those obtained when analyzing the full study sample.

Table 20 presents the findings separated by gender. Models 1 to 3 showed that none of the interaction equations was significant in the male subgroup. Models 4 to 6 revealed similar results for the female subgroup. Hence, these findings indicated that controlling for all other variables in the models, the effect of paternal deviance (t_1) on deviant identity (t_2) was not buffered by parental, maternal, or paternal emotional support, in both the male and female subgroups. Additional findings revealed no gender variations within racial groups.

Table 20. Moderating Effect of Parental Emotional Support on the Relationship between Paternal Deviance (t_1) and Deviant Identity (t_2). Gender Subgroups.

	Males				Females	
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Paternal deviance (t_1)	.139 (.687)	.452 (.846)	.268 (.687)	.073 (.609)	.092 (.862)	-.176 (.693)
Parental emotional support (t_1)	-.017 (.010)	--	--	-.039*** (.011)	--	--
Maternal emotional support (t_1)	--	-.005 (.009)	--	--	-.043*** (.011)	--
Paternal emotional support (t_1)	--	--	-.008 (.010)	--	--	-.032** (.010)
Paternal deviance X parental emotional support	.002 9.010)	--	--	.0001 (.009)	--	--
Paternal deviance X maternal emotional support	--	-.001 (.010)	--	--	.0002 (.010)	--

Table 20 (cont.)

	Males			Females		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Paternal deviance X paternal emotional support	--	--	.0005 (.010)	--	--	.004 (.010)
Constant	4.86 ⁺ (2.52)	4.12 (2.53)	8.62* (3.34)	8.41** (2.66)	9.28*** (2.83)	10.32** (3.69)
F statistic	F (7, 608) 1.19	F (7, 586) 1.77 ⁺	F (7, 452) 2.25*	F (7, 618) 3.13**	F (7, 604) 3.31**	F (7, 439) 1.99 ⁺
R ² (adjusted)	.01	.02	.03	.03	.04	.03
N	616	594	460	626	612	447
Note: ⁺ p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses						

In summary, the models analyzing the moderating effects of parental emotional support on the relationship between parental deviance (t_1) and deviant identity (t_2) yielded significant findings for the maternal deviance models only. Specifically, it was revealed that both maternal and paternal emotional support buffered the relationship between maternal deviance (t_1) and deviant identity (t_2). Further tests indicated that the effect of paternal emotional support was statistically significant for females but not males. The implications of these findings will be discussed in the next chapter.

Family Incarceration

The following models tested the hypothesis that the relationship between family incarceration (t_1) and deviant identity (t_2) would be moderated by parental emotional support. Table 21 refers to white and non-white subgroup. Model 1

showed a significant interaction between family incarceration and parental emotional support ($b = -.066$, $p < .05$), suggesting that under conditions of parental emotional support the effect of family incarceration (t_1) on deviant identity (t_2) decreased. A further test indicated that all things being equal, under conditions of low parental emotional support the effect of family incarceration (t_1) on deviant identity (t_2) increased by 2.84 units ($p < .001$).

Model 2, on the other hand, revealed a non-significant interaction between maternal support and family incarceration ($b = -.033$, $p > .10$), indicating that maternal emotional support did not buffer the effect of family incarceration (t_1) on deviant identity (t_2). Model 3, showed a marginally significant interaction, indicating that under conditions of paternal emotional support the effect of family incarceration was decreased ($b = -.043$, $p < .10$). An additional test revealed that, controlling for the effect of other variables in the model, when paternal emotional support was low the effect of family incarceration (t_1) on deviant identity (t_2) increased by 2.15 units ($p < .05$).

Models 4 to 6 examined the non-white subgroup. The findings indicated that none of the interaction equations reached statistical significance. Together these results suggest that all things being equal, the effect of family incarceration (t_1) on the deviant identity (t_2) of non-whites was not dependent upon the emotional support provided by both or any of their parents.

Additional tests indicated some differences between whites and non-whites. Specifically, the moderating effect of parental emotional support (models 1, 4) on

the relationship between family incarceration (t_1) and deviant identity (t_2) was different for whites and non-whites ($Z=2.76$, $p < .01$). However, the moderating effect of paternal emotional support was similar for both whites and non-whites ($Z=1.38$, $p > .10$). This seems to indicate that the emotional support provided by both parents attenuated the effect of family incarceration (t_1) on the deviant identity (t_2) levels of whites but not on the deviant identity (t_1) levels of non-whites.

Table 21. Moderating Effect of Parental Emotional Support on the Relationship between Family Incarceration (t_1) and Deviant Identity (t_2). Racial Subgroups.

	Whites			Non-whites		
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Family incarceration (t_1)	6.03** (1.95)	4.82 (3.01)	4.04* (1.90)	.351 (1.03)	-.723 (1.45)	2.18 (1.42)
Parental emotional support (t_1)	-.036** (.011)	--	--	-.013 (.010)	--	--
Maternal emotional support (t_1)	--	-.033** (.011)	--	--	-.020* (.009)	--
Paternal emotional support (t_1)	--	--	-.025** (.009)	--	--	-.002 (.010)
Family incarceration X parental emotional support	-.066* (.029)	--	--	.015 (.016)	--	--
Family incarceration X maternal emotional support	--	-.033 (.034)	--	--	.022 (.189)	--
Family incarceration X paternal emotional support	--	--	-.043+ (.027)	--	--	-.005 (.020)
Constant	9.41*** (2.83)	10.03*** (2.92)	13.55*** (3.34)	3.70 (2.28)	3.93 (2.39)	3.02 (3.63)
F statistic	F (7, 610) 7.10***	F (7, 590) 4.91***	F (7, 513) 5.89***	F (7, 610) 3.23**	F (7, 594) 3.50**	F (7, 374) 1.69
R ² (adjusted)	.08	.05	.07	.03	.04	.03
N	618	598	521	618	602	382

Note: + $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$; Standard errors are shown in parentheses

Table 22 presents the results separated by gender. Models 1 through 3 examined the male subgroup. The findings showed that none of the interaction terms reached statistical significance. Thus, controlling for all other variables in the models the effect of family incarceration (t_1) on the deviant identity (t_2) of males was not buffered by the emotional support provided by any or both of their parents.

Table 22. Moderating Effect of Parental Emotional Support on the Relationship between Family Incarceration (t_1) and Deviant Identity (t_2). Gender Subgroups.

	Males				Females	
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Family incarceration (t ₁)	-.618 (1.33)	-1.99 (1.80)	.094 (1.76)	2.62* (1.34)	.946 (1.98)	3.86* (1.51)
Parental emotional support (t ₁)	-.020* (.010)	--	--	-.032*** (.011)	--	--
Maternal emotional support (t ₁)	--	-.015 (.009)	--	--	-.042*** (.012)	--
Paternal emotional support (t ₁)	--	--	-.009 (.009)	--	--	-.020* (.010)
Family incarceration X parental emotional support	.038 (.020)	--	--	-.020 (.020)	--	--
Family incarceration X maternal emotional support	--	.042 (.021)	--	--	.004 (.022)	--
Family incarceration X paternal emotional support	--	--	.029 (.024)	--	--	-.039 (.022)
Constant	4.75+ (2.49)	4.70+ (2.49)	7.73* (3.35)	7.40** (2.70)	8.89** (2.91)	9.13* (3.68)
F statistic	F (7, 606) 2.84**	F (7, 584) 3.14**	F (7, 451) 3.61***	F (7, 616) 4.31***	F (7, 602) 4.19***	F (7, 438) 3.05**
R ² (adjusted)	.03	.04	.05	.05	.05	.05
N	614	592	459	624	610	446

Note: +p < .10 * p < .05 ** p < .01 *** p < .001 ; Standard errors are shown in parentheses

Models 4 through 6 refer to the female subgroup. The results showed that none of the models did yielded significant results for the interaction equations ($b = -.020, p > .10$; $b = .004, p > .10$; $b = -.039, p > .10$, respectively). Similar to the previous findings, in this subgroup the relationship between family incarceration (t_1) and deviant identity (t_2) was not dependent upon parental, maternal or paternal emotional support. Additional findings revealed no gender variations within racial groups. Similar results were obtained when analyzing the study sample.

To summarize, models analyzing the moderating effects of parental emotional support on the relationship between family incarceration (t_1) and deviant identity (t_2) provided significant models for whites only. Specifically, it was revealed that both parental and paternal emotional support buffered the effect of family incarceration family incarceration (t_1) on the deviant identity (t_2) of whites, and that these effects were significantly different from those of non-whites in the analytic sample. The implications of these and other substantive findings are discussed in the next chapter.

CHAPTER VII

DISCUSSION AND CONCLUSION

The aim of this chapter is to examine the link between the empirical results obtained by this research and the theoretical perspectives that guided this study. In the first section substantive findings related to the central hypotheses addressed by this research are analyzed. The second section outlines the implications of the findings with regard to practice, theory and further research. The third section raises methodological issues relating to the source of data. In closing, the final section offers some conclusions on the matter of deviant identity and parental emotional support.

DISCUSSION

Informed by Kaplan's theory of self derogation (1975; 1986), which posits that deviant individuals are likely to develop a deviant identity unless they are able to justify their own deviance, this study examined the relationship between deviance and deviant identity. A second purpose was to test the hypothesis that the relationship between deviance and deviant identity would be mediated by perceived stigmatization by others. That is, failing to meet social standards would lead to negative sanctions, which would in turn lead to the development of negative affect. A third purpose was to test the hypothesis that parental emotional support moderates the relationship between deviance and deviant identity. The rationale

was that parents who accept their children and positively interact with them facilitate the development of their children's positive identity in different social contexts as opposed to parents who have a history of judging and devaluing their children (Brownell and Puhl 2003). Finally, this research examined subgroup differences under which these relationships varied.

To test the aforementioned hypotheses, I used a longitudinal data set, collected during 1997-2003, that incorporates information of adolescents aged 12-19 years old, reporting their race, gender, parental relations, parental deviant behavior and deviant characteristics, self-esteem, and peers and teacher relationships. The findings of this research provide interesting information concerning the development of a deviant identity, gender and racial differences, as well as the conditions under which the effect of deviance on deviant identity may vary.

The Relationship between Deviance and Deviant Identity

Deviance was a measure of possessing personal traits that deviated from social standards, specifically, i) bearing a health condition that prevented the possessor from socializing with others in a normal manner, ii) bearing an official label as "deviant", and iii) belonging to a family whose members possessed deviant attributes or behaved contrary to social norms.

With regard to deviance related with bearing medical conditions, it has been suggested that individuals, who depart from normative images of bodily

appearance and expression, are devalued and stigmatized (Hahn 1988: 41). As a result of it, those who bear stigmatizing diseases are more likely to think poorly of themselves as well as experiencing symptoms of depression (Kaplan 2007: 105). It was thus hypothesized that bearing a health limitation at Time 1 would be positively related to deviant identity at Time 2, and that this linkage will be mediated by stigmatization by teachers and by peers.

Contrary to what was expected, the findings did not support the theoretical expectations that the possession of health limitations at Time 1 was significantly associated with deviant identity at Time 2. However, the findings indicated that it did significantly affect deviant identity at Time 1. That is, health limitations did not have a lagged effect on deviant identity, but it had a contemporaneous effect. Moreover, the results revealed a significant mediating effect of perceived stigmatization on the relationship between health limitations and deviant identity at Time 1.

These latter findings are congruent with the findings of previous studies suggesting that children with physical disabilities are frequently excluded and negatively sanctioned by their peers (Anderson, Clark and Spain 1988; Brown and Gordon 1987; Cohen, Nabors, and Pierce 1994; Harper, Wacker, and Cobb 1986). On the other hand, the results revealed that the mediating effect of stigmatization on the relationship between health limitations and deviant identity at Time 2 was not statistically significant. That is, the effect of perceived rejection by teachers and by peers at Time 1, did not hold across time. One possible explanation for this,

according to Kaplan (2007: 107) is that the afflicted person, as a result of the self-devaluing consequences of his/her illness may have adopted self-protective responses aimed at mitigating or reversing such outcomes. Also, in the case where self-esteem is reduced because of the individual's inability to perform valued social roles, the gain in self-esteem may be presumed to be due to the regained ability to perform those roles (Kaplan 2007:108). In this regard, Taub and her colleagues (1999), in examining the sport and physical activity experiences of individuals with physical and sensory disabilities, found that involvement in these kinds of activities (e.g. weight lifting, basketball) helped them to minimize stereotypes of their body as lacking physical skill and being physically unfit and unhealthy. In addition, it has been suggested that, as a means to protect their self-esteem, stigmatized individuals make in-group comparisons, and/or may come to overvalue factors in which their group excels (Crocker and Major 1989).

Another measure of personal deviance analyzed by this research was official labeling. According to the reviewed literature official labeling is associated with a change in the self-concept of the bearers. The rationale is that as a result of being the object of negative social sanctions officially labeled individuals are more likely to become aware of themselves as being different than they were before being labeled as deviant (Tannenbaum 1938; Cechaviciute and Kenny 2007; Jensen 1980; Kaplan 1986; Zhang 2003). The findings of this research are in accordance with the theoretical expectation that contact with authorities was associated with a negative self-image. Specifically, the results revealed that those who had been

suspended/expelled from school and/or who have had contact with the police were more likely to report higher levels of deviant identity at Time 2. These results support earlier evidence suggesting that students who had experienced suspension were more likely to report depression and low self-esteem among other adversities (Yen and Wang 2009). Subgroup analyses indicated that the effect of being labeled was contingent upon the race and gender of the labeled individual. Specifically, it was shown that whites were more affected than non-whites, and that females were more affected than males. These results support prior literature asserting that although minorities and males are more likely to get labeled, whites and females are more affected by the labeling process because both groups tend to be less involved in delinquent activity (Bartusch and Matsueda 1996; Kaplan 2000; Koita and Triplet 1998).

Additional tests revealed that those who have had contact with the police were also more likely to report higher levels of perceived rejection by teachers but not by peers. On the other hand, those who had been subjected to school suspension/expulsion perceived higher levels of rejection by both teachers and peers. However, rejection by peers was not found to be a successful mediator on the relationship between official labeling and deviant identity at Time 2. Although as it was expected, peer rejection and teacher rejection reciprocally influenced each other, officially labeled individuals in this research were more likely to be affected by the labels imposed on them by people with authority than by those imposed on them by their peers. This is in accordance with Sampson and Laub's (2004)

assertion that teachers are more sensitive to unruly and difficult children, which leads to poor teacher-student relationships. On the other hand, these findings disagree with earlier evidence showing that children with behavioral problems during early school years tend to be more rejected and have fewer friends in the later school years, as well as to report higher levels of depression (Pederson et al. 2007). However, it must be taken into account that adolescents who behave contrary to social norms usually associate with offending peers (Elliot and Menard 1996), thus it may be that, perceived rejection by peers did not mediate the relationship between official labeling and deviant identity at Time 2, because labeled individuals may have perceived they were failing to meet the normative standards of their teachers, and on the other hand, they may have thought they were not deviating from the standard norms of their reference group.

With regard to parental deviance, it was hypothesized that children of parents who were disabled, chronically ill, or who abused alcohol/drugs, would have higher levels of deviant identity at Time 2. Because mothers and fathers have distinctive roles in the family, it was reasonable to hypothesize that there would be different effects on children depending on which of the parent was dysfunctional (Bradley and Schneider 1990). Hence, separate models were estimated for fathers and mothers.

Although the levels of paternal deviance were found to be significantly higher than those of maternal deviance, it was not significantly associated with deviant identity at Time 2. None of the four indicators of paternal deviance, even

when they were analyzed separately by race and gender subgroups, were significantly related with deviant identity at Time 2. However, paternal alcoholism, one of the four indicators of paternal deviance, was associated with deviant identity at Time 1 but not with deviant identity at Time 2. These findings support previous research indicating that children of alcoholics were more likely to report great self-depreciation and depression symptoms (Berkowitz and Perkins 1988; Bush, Ballard, and Fremouw 1995; Zanoti-Jeronymo and Carvalho 2005; Tomori 1994). Children of alcoholic parents reported also higher levels of stigmatization by teachers and by peers. The effect of stigmatization however, was only significant at Time 1. Children of alcoholics have been found to develop different coping strategies that facilitate the development of a strong self-concept, such as having efficient use of abilities, and having temperament characteristics that tend to elicit positive responses from others (Werner 1992). Also, it has been shown that children of alcoholics who receive counseling scored higher on self-esteem scales (Peitler 1980). This may explain the lack of association between paternal alcoholism and deviant identity at Time 2.

Children of disabled or chronically ill fathers did not report higher levels of deviant identity as it was expected. These findings are in accordance with earlier studies indicating that there is no difference between the self-esteem of children of disabled parents and children of non-disabled parents (Bat-Chava 1993; Chan and Lui 2000; Cross and Marks 1995). Also, according to Kaplan (2007: 108) the impact of the disease on the self-concept is contingent upon the normalization of

the illness in the individual's immediate environment. In this regard, previous research has shown that when both parents and children bear similar illnesses (e.g. deaf children of deaf parents) the latter tend to have more positive self-images than when children are not impaired (Obrzut, Maddock, and Lee 1999, as cited in Kaplan 2007:107). Another possibility is that the children were not stigmatized as a result of their father's disability. This was confirmed by the findings that revealed that paternal disability or other health limitations did not tend to elicit negative reactions from teachers or from peers, perhaps because their condition was not as stigmatizing as it would be bearing a mental illness and/or suffering from HIV. Also, it may be that the disability of the parent is unknown to the children's teachers and peers. In any case, this may explain why this variable did not affect the self-concept of their children at either Time 1 or Time 2.

With regard to maternal deviance, the results confirmed that it was positively, although only marginally significantly, related with deviant identity at Time 2. Out of the four indicators used as a measure of maternal deviance, it was specifically, maternal alcohol abuse that yielded significant results. These findings provide support for previous research showing that maternal alcoholism predicted symptoms of major depression and anxiety, as well as low self-esteem (Corte and Becherer 2007; Fox and Gilbert 1994). As was mentioned earlier, the findings showed that the effect of paternal drinking on deviant identity at Time 2 was not significant, whereas the effect of maternal drinking on deviant identity was statistically significant at both Time 1 and Time 2. These findings are in accordance

with previous research showing that maternal alcoholism may more negatively impact children's social development than paternal alcoholism. It is suggested that maternal alcoholism may have a greater impact on children because women tend to provide more care, nurturance and warmth than do men (Hill and Muka 1996). Additional studies have shown that paternal alcoholism is linked to children's conduct disorders whereas maternal alcoholism is associated with children's emotional disorders (Steinhausen, Gobel, and Nestler 1984). Interestingly, children of alcoholic mothers did not report higher levels of stigmatization by teachers and by peers. According to Kaplan (2000: 111) deviant behavior need not evoke public identification of the person as deviant, specifically because significant others may choose to rationalize the deviant behavior and interpret it as normal, and/or they may have other valuable attributes that shadow the deviant behavior or attribute. To illustrate, Ridlon (1988: 29) posits that in an effort to avoid a deviant label, women's excessive drinking behavior usually become actively concealed by their family and friends. Thus it may be that maternal addiction to alcohol and/or drugs it is unknown to the children's teachers and peers, hence, they cannot sanction the child for having an alcoholic mother. However, these children did report higher levels of deviant identity at both Time 1 and Time 2, this is thus a case in which deviant identity develops in the absence of negative social sanctions. According to Kaplan (2000: 111), developing a deviant identity in the absence of public stigmatization is only possible when the individual is aware that his/her deviant

attributes are regarded as deviant from the perspective of another socio-normative system. Unfortunately, this research could not test these hypotheses.

With regard to maternal disability and/or health conditions, it is necessary to highlight that the type of health limitations analyzed in this research may have been temporary as opposed to permanent, and thus stigmatization would be less likely to occur. In addition, other maternal health conditions that have been found to have stigmatizing effects for children, such as deafness, mental illness, or HIV, were not analyzed in this research. It should be noted that this explanation is tentative, at best, and more research is needed using multiple conceptualizations of maternal deviance before any conclusions can be drawn about the mediating effect of stigmatization on the relationship between maternal deviance and adolescents' deviant identity.

With regard to family incarceration, the results supported the hypothesis that it was related with deviant identity at Time 2. This was actually one of the strongest predictors of deviant identity at Time 2 in the analytic sample. Its effect remained significant even when control factors and other deviance measures were added into the models. These findings support previous evidence indicating that parental imprisonment is associated with offspring's low self-esteem (Calleja and Psaila 2003; Johnston 1995; Trzcinski, Satyanathan and Ferro 2002) and stress disorder (Kampfner 1995).

Similar to maternal deviance, family incarceration did not tend to elicit negative reaction from others. These results contradict previous findings showing

that children of incarcerated parents tend to be teased by their peers and excluded from their social group (Kampfner 1991; Hagan 1996). One explanation could be that children do not talk about their imprisoned parents or family members at school and thus they are less likely to elicit negative reactions from others as a result of it (Kampfner 1995). Other scholars have also argued that shame and social stigma related to parental incarceration are most common in families of first offenders, or where the family members were convicted of atypical offenses (Lowenstein 1986; Johnston 1995; Hairston 2007). An alternative explanation may be that familial incarceration could have been a usual event in the social context that the children were immersed in. According to Kaplan and Johnson (2001:4), when the group shares a normative system, the attribute or behavior, in this case being related to an outlaw, is less likely to be judged as deviant. However, individuals may conceptualize themselves as deviant even if their attributes or behaviors are not regarded as a violation of the normative standards of their group, providing that they are aware that these attributes or behaviors and the subculture in which they are embedded are regarded as deviant from the perspective of another socio-normative system (Kaplan, 2000: 111).

Lastly, it is important to take into account that parental incarceration has been found to decrease the educational attainment of children in emerging adulthood (Foster and Hagan 2009), as well as impact the children's well-being because they are left unprotected which in turn increases their risk of being abused or neglected (Foster and Hagan 2007). This may explain why family incarceration

was associated with the development of a deviant identity even when it did not elicit negative reactions by teachers and by peers. This research was unable to determine whether the person in jail was one of the parents or another close relative; thus caution is needed when interpreting these results.

The Moderating Role of Parental Emotional Support

The central hypothesis of this research was that parental emotional support would moderate the relationship between deviance at Time 1 and deviant identity at Time 2. The findings provided only partial support for this hypothesis. One of the most interesting findings was that in the case of personal deviance, maternal emotional support intensified as opposed to minimizing the effects of both suffering from a health condition and having been officially labeled as deviant. These findings may be explained by the argument that individuals with low self-esteem often prefer to receive negative over positive feedback from others, as it confirms their negative self-views. In this regard some of the research (Swann, 1990; Swann, Stein-Seroussi, and McNulty, 1992) posits that when people with low self-esteem receive positive reactions from the social environment this feedback is often paired with negative, non-verbal feedback that makes it confusing. Thus, as shown by the mediation tests, those bearing health limitations tended to perceive they were rejected by their teachers and by their peers; however, they reported to receive high maternal emotional support at the same time. Hence, this ambiguity with regard to their deviance may have influenced the development of a deviant

self-concept. The findings support previous research showing that physical disability, might elicit negative reactions from others, but emotional support from family members (Low 1996).

Another possibility is that high maternal emotional support increases the child's awareness of the deviance, or makes the child feel guilty for being deviant and therefore disappointing a loving parent. Although there is not specific evidence on this matter, some studies examining siblings relationships with disabled and non-disabled brothers and sisters, have found that the time given by the care parents, usually mothers, in providing for children suffering from health conditions, may interfere with the time and attention that mothers otherwise would give to other children in the family (Crocker 1981). Thus it may be that the presence of a non-deviant sibling in the family, who have been found to spend most of their time in caregiving activities and/or involved in household chores (McHale and Gamble, 1989), increases the children awareness of their health limitations. In this context, the high maternal emotional support they tend to receive as a result of their bearing a health condition, would only confirm to them that they are different from their non-deviant siblings. As yet, however, such connections have not been established empirically.

Similarly, with regard to official labeling, maternal emotional support was found to increase the effect of having been suspended and/or expelled from school on the identity of their children. This could indicate that mothers tend to be more lax than fathers in their disciplinary practices, and that the mixed feedback received

by their children, negative reactions from others, and positive responses from mothers, confirmed their deviant self-concept (Swann 1990; Swann, Stein-Seroussi, and McNulty, 1992). Another possibility, based on the significant correlation between health limitations and contact with the authorities, is that as a result of their suffering from a health condition, the respondents' misbehavior was excused by their mothers. In this regard, research has shown that parents tend to view the misbehavior of children with medically explained pain as less intentional, more excusable, and due to causes that were less internal to the child (Walker, Garber, and Van Slyke 1995). Although no differences were found between mothers' and fathers' attitudes toward their children when they were ill, earlier research indicated that ill children tend to perceive their mothers as more solicitous of them than were their fathers (Walker and Zeman 1992, as cited in Walker, Garber, and Van Slyke 1995: 343). More research is needed to test the empirical link among these variables.

The results also indicated that the effect of maternal emotional support varied according to the race of the individual. Specifically, it was shown that whites tended to be more affected by the emotional support provided by their mothers as opposed to their non-white counterparts. These findings support previous research showing that parental emotional support in minority groups may differ from that of white families. African American parents tend to show more control and less warmth than white parents (Ogbu 1981; Garcia-Coll, Meyer, and Brillon 1995). Latino families, on the other hand, have been found to exhibit warmer parenting

practices when compared to both African American and white parents (Fuller, Holloway and Liang 1996; Delgado-Gaitan 1994).

The emotional support provided by fathers, on the other hand, was not found to be statistically significant for those suffering from a health condition. It is important to mention that mothers have been found to be more likely to accept their child's impairment than fathers. In fact, fathers may be especially disappointed by children with disabilities, and tend to spend less time with them (Lamb and Laumann-Billings 1997). Paternal emotional support, on the other hand, did have a significant effect on the relationship between official labeling and deviant identity at Time 2. The results revealed that when emotional support provided by fathers was low the effect of having had contact with the police on deviant identity (t_2) increased. These results are in accordance with previous research indicating that children, who perceive their fathers as more critical and psychologically controlling and less likely to acknowledge their positive behaviors, tend to have fragile self-esteem (Kernis, Brown, and Brody 2000).

With regard to the moderating effect of parental emotional support on the relationship between parental deviance and deviant identity at Time 2, the results provided also only partial support. Specifically, the effect of paternal deviance on the deviant identity of their children was not dependent upon the emotional support provided by fathers, mothers, or both. It is noteworthy that all four paternal deviance indicators were negatively and significantly associated with paternal emotional support, however, they were not related to maternal emotional

support. These results seem to indicate that the caregiver availability of deviant fathers and their responsibility to the child was impaired. These results support previous evidence indicating that alcoholic fathers are less sensitive and have lower positive engagement with their children than non-alcoholic fathers (Eiden, Edwards, and Leonard 2004). With regard to paternal disability, on the other hand, these findings contradict earlier research indicating that fathers with spinal cord injury are more likely to show verbally and physically affection toward their children than non-disabled fathers (Buck and Hohmann 1981). A possible explanation is that fathers who have congenital disabilities may be more likely to take care of their children in a more loving and caring way than are fathers who become disabled later on. Although there is not specific evidence on this matter, some research has indicated that after the onset of the impairment the identities of fathers are put on the line, and that many of them refuse to get involved in the care of their children (Warin et al. 1999). However, more research is needed to determine whether the emotional support provided by fathers varies according to the onset of their disability.

With regard to the emotional support provided by mothers, although it was not affected by the deviance of the father, it did not decrease its effect on the deviant identity of their children. It may be that although mothers are the primary attachment figure, father's affection toward their children makes a differential contribution to their self-concept and adjustment (Kenny and Gallagher 2002; Rice, Cunningham, and Young 1997).

On the other hand, with regard to maternal deviance the results of this research confirmed that its effect on children's deviant identity was contingent upon the emotional support provided by both mothers and fathers. These findings are in accordance with previous evidence indicating that children of deviant parents who felt nurtured by them have higher self-esteem. Also, these results seem to confirm the idea that the caregiver availability of mothers is not affected by their deviant characteristics and/or behavior. In this regard, research has found that disabled and chronically ill mothers tend to support and show interest in the activities of their children (Westgren and Levi 1994), and demonstrate more physical and verbal affection to their children than non-disabled parents (Buck and Hohmann 1981; Olkin et al. 2006). Similarly, previous research has indicated that mothers who abused drugs valued motherhood and were concerned about their children's welfare (Kearney, Murphy, and Rosenbaum 1994; Richter and Bammer 2000). With regard to the moderating effect of emotional support provided by fathers, previous research has pointed out that when one of the parents is deviant the other takes the supportive role, and serves as a source of strength for the family (Bernardi et al. 1989; Kittmer 2005).

Finally, the moderating effect of parental emotional support on the relationship between family incarceration and deviant identity at Time 2 was not statistically significant. However, it is noteworthy that when analyzing the results by race, the findings revealed that the emotional support provided by fathers attenuated the effect of family incarceration for whites but not for non-white

adolescents in the study sample. This moderating effect of race may be due to the fact that white children are more likely to live with one of their parents during incarceration than their non-white counterparts who are more likely to live with their grandparents or other relatives (Enos 2001:9). Previous research has found that children who maintain contact with their incarcerated parent usually show less disruptive and anxious behavior (La Vigne, Davies, and Brazzell 2008). Although, this study could not determine whether the family member in jail was one of the children's parents and/or siblings, these findings support the idea that the emotional support provided by one or both of the parents is of great importance for the children's identity development.

IMPLICATIONS

The findings revealed by this study outline several implications for practice, theory and future research. With regard to practitioners, the results of this research suggest that emotional support provided by fathers and mothers involves many positive factors for the development of their children's self-concept. Specifically, mothers of physically challenged and/or officially labeled children should be encouraged to provide emotional support to their children but at the same time they need to help them to understand their deviance attributes, the negative sanctions that they may perceive as a result of it, and the mechanisms they can use to cope with their deviance. This way they may actually help to lessen the effect of

this type of deviance on the identity of their children, and facilitate the development of a positive self-image.

It is also of great importance that fathers get more involved in this process, as it was shown that their emotional support is a key factor for their children's sense of self-worth. At the same time the findings highlight the importance of emotional support provided by deviant parents or by their spouses. Children need to feel they can communicate with their parents, and parents need to help their children to understand their deviant attributes or misbehavior. Likewise, teachers should be encouraged to promote actively an environment in which persons with disabilities and other types of deviant attributes can feel respected and accepted by both school authorities and by their peers.

With regard to theory, the findings of this study confirmed the link between deviance and deviant identity. Moreover, this research extends previous theory by showing that the significance of this relationship varied according to the type of deviance possessed by the individual. Out of the two types of personal deviance analyzed by this research, the effect of official labeling held significant across time, whereas the effect of bearing a stigmatizing health condition did not. In addition, it was shown that out of the four types of parental deviance analyzed, alcoholism was the only one that appeared to have an effect on the children's self-image. However, it is important to take into account that highly stigmatizing diseases such as mental illness and HIV that have been found to have a stronger effect than alcoholism on children's self-esteem were not analyzed by this research. Also, the findings of this

study confirmed earlier findings indicating that maternal deviance has a stronger negative effect on the children's self-esteem as opposed to paternal deviance, and, that self-concept tends to be stable across two time points.

In terms of the knowledge and new insights that this research has generated to the field of deviance and perhaps also to the field of social psychology, one of the most important contributions is related to the mediating role of stigmatization in the development of a deviant identity. This study could not confirm the theoretical expectation that possessing attributes that violate normative standards elicit negative reactions from others, which leads in turn to the development of a deviant self-concept. Specifically, the findings indicated that neither maternal deviance nor family incarceration were stigmatized attributes in the study sample; however, they did have a direct and longitudinal effect on adolescents' deviant identity. As it was mentioned earlier, Kaplan (2000) posits that deviant identity may develop in the absence of public stigmatization; however, further research is needed to test this theoretical argument.

Similarly, by analyzing the moderating role of parental emotional support on the relationship between deviance and deviant identity this research has provided an understanding of the effects of communication and affection between deviant parents and their children and between non-deviant parents and deviant children. Specifically, this study has suggested that maternal emotional support may be detrimental to their children's self-concept, specifically, in cases where they suffer from health conditions and/or bear an official label as deviant. This was certainly

an unexpected finding that needs to be further examined to determine whether these children feel overprotected by their mothers and whether the ambiguity of the reactions they get at home and at school affects the development of a deviant self-image.

Alternative explanations for the findings provided by this research are worthy of study in the future. In reference to both personal and paternal deviance it would be useful to study the moderating effect of valued individual characteristics that may buffer their effect on children's self-concept, such as intelligence, attractiveness, and scholastic performance, among others. In addition, it is necessary to determine whether adolescents believe the negative/positive reactions they get from others are associated with their deviant attributes.

Another factor that seems to be important in explaining the longitudinal effects of deviance is the collective representation about the deviant features and/or behaviors that individuals bring to the situation and how the characteristics of the situation make their deviance relevant to them. For instance, having an alcoholic father may be irrelevant for the self-evaluation of those who excel in school or sports, whereas bearing a health condition that prevents the individual from engaging in sport activities, in a social context where these kinds of activities are valued, may lead to the experience of derogatory feelings and to the development of a deviant self-concept.

Additional types of parental deviance also need to be explored. As mentioned earlier, being the child of a mentally ill and/or HIV parent tends to

generate more stigmatization than it does being the child of an alcoholic parent. Likewise, being overweight, suffering from skin diseases, facial or congenital deformities, may also influence the development of a deviant self-concept, hence, further research needs to determine whether the effect of the type of deviance analyzed by this research remains significant after controlling for the effect of those variables.

LIMITATIONS

Although the present study has yielded findings that have theoretical implications, its design is not without flaws. The first limitation concerns the assessment of deviant identity. The measure of deviant identity used by this research does not reflect the individual conception of being a person who is believed to have performed deviant acts or possesses deviant attributes; rather it reflects the individual's conception of being a person who, as a result of comparing him/herself to others, experiences negative affect. Only these items were available in the database and thus the construct validity might therefore be lower than one would wish. Also, it is important to point out that the personal deviance measures (e.g. health limitations) used in this study were by no means an exact measure of the personal deviant characteristics of the individuals in this sample. As it has been shown by the literature, being excessively overweight, short, or tall, are features that commonly elicit negative reactions from others. The dataset used in this study did not contain this kind of information. This highlights one of the problems with

analyzing existing data, where constructs are not always assessed in detail. Also, it must be noted that this type of data generally reflects the perspectives and questions asked by the original researchers, and thus, they may not adequately reflect the research questions addressed by this study. Therefore this study has an exploratory component that could well serve as a foundation for the future design of other studies that would test the relationship between personal deviant characteristics and deviant identity more effectively.

In addition, this study was longitudinal in nature and although this allowed measuring the stability and continuity over time of the effects of deviance on the respondents' self-concept, it represented a major disadvantage, namely, attrition. The consequences of attrition include reduced statistical power and limitations on the generalization of the results showing the effect of personal and parental deviance on deviant identity at Time 2. Hence, results can only be generalized to respondents with characteristics of the participants who provided the data in the used analyses. The most insidious impact of attrition is bias in the estimates of the effect of the independent variables. As the attrition analyses demonstrated those who dropped out from the study were significantly different from those in the study sample. Specifically, significant differences in the two groups were observed for mean scores on measures of parental deviance, family incarceration, and stigmatization by teachers and by peers, respondent's contact with authorities, racial group, and age. With regard to age, it is noteworthy that participants in the attrition sample were significantly younger than those in the study sample. Age, as

the correlation analyses revealed, was negatively and significantly associated with contact with authorities, it was also positively associated with both parental and maternal deviance, which may explain why the means of these variables were significantly lower in the attrition sample. It is possible that the study sample was more deviant because they came of age earlier, and thus, the results might have been more as predicted if the respondents in the attrition sample had been included as was suggested by the larger number of significant associations among the study variables in the attrition sample. Hence, caution is recommended to researchers when interpreting the results provided by this study.

CONCLUSION

In general, this research provided support for the theoretical expectation that bearing deviance traits or attributes may lead to the development of a deviant identity. Specifically, this research revealed that deviant attributes related with official labeling, such as having had contact with the police, having been expelled from school, and/or having a family member in jail, are more detrimental to the individual's self-concept than those deviant traits concerning health limitations or parental substance abuse. Moreover, this study revealed that family incarceration led to the development of a negative self-image even in the absence of negative reactions by others.

In addition, it showed that one of the contingencies of the relationship between deviance and deviant identity was parental emotional support. The effect

of parental emotional support, however, varied according to the type of deviant attribute possessed by the individual. Specifically, this study revealed that the emotional support provided by mothers and fathers decreased the effects of parental deviance on the self-concept of their adolescent children.

On the other hand, it was shown that the emotional support provided by mothers to adolescents who suffer from health conditions that prevent them from socializing with others in a normal manner, and/or who have been officially labeled as deviants, may be detrimental to their self-image. While it was predicted that maternal emotional support would help children to develop a positive view of themselves, this was not the case. This finding could only be explained by taking into account that deviant children perceived negative reactions by teachers and by peers, and thus, the ambiguity of the feedback received at school versus the positive reactions at home may have affected the development of a deviant self-concept. However, more research is needed to test to determine the validity of this argument. With regard to family incarceration, the buffering effect of parental emotional support was found to be significant for whites but not for non-whites, thus indicating that having the opportunity to live with one of the parents while the other is incarcerated may attenuate the detrimental effects of family incarceration on the adolescents' self-concept.

In conclusion, a major implication of the findings provided by this research is that the ambiguous effects of deviance on the self-concept of individuals that have been outlined by a large body of literature may be explained by modeling

underlying theoretical conditions such as paternal and maternal emotional support. Also, the guiding theory of self-referent behaviors appears to offer a useful framework for identifying those factors buffering the effects of deviance on deviant identity.

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